

Ventura Pet Wellness & Dog Training Center



New Client Information Form – Dog Training Classes

(Please fill this form out if you are a first time student only)
All paperwork is located on the "paperwork" page at www.venturapetwellness.com

Owners Information:

Name: _____ Today's Date: _____

Second Owner Cell/ Alternative Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

E- Mail: _____

Who can we thank for your referral? _____

Dogs Information:

Name: _____ Breed: _____

Age: _____ Weight: _____ Sex: _____ Color: _____

Dog Class: _____ Class Dates: _____ Class Fee: _____

Veterinarian: _____ Phone: _____

Spayed/ Neutered: _____ If yes, at what age? _____

Reason: _____

Any behavioral changes following spay/neuter? _____

Where did you get your dog? _____

Does your dog show any of these signs?

- Fear Anxiety Aggression Shyness Don't Know None

If yes please give a brief description: _____

Has your dog shown aggression to new and/or familiar people? If yes please describe: _____

Is your dog reactive to other dogs? If yes please describe: _____

Has your dog ever bitten a person or other dog (please specify which one)?

If yes please describe the situation and the seriousness of the bite: _____

Does your dog continuously bark in the presence of another dog? If yes do you think your dog will bark for most of the class? _____

Please read and check off each box before you sign.

- I hereby acknowledge that I have voluntarily applied to participate in dog training activities with Shannon Coyner CPDT-KA, RVT, KPA CTP and Ventura Pet Wellness & Dog Training Center.
- I am aware that there are inherent risks and hazards involved in activities with and around dogs, and I am voluntarily participating in these activities with knowledge of potential dangers. I am aware that any dog, regardless of training, handling, or environmental circumstance, is capable of biting and I expressly acknowledge the risks therein.
- In order to participate in dog training classes or other activities, I, being fully informed of such risks and hazards, agree to assume all risks of such occurrences.
- I hereby waive any and all claims or actions that I or my guardians or representatives may have, from any and all personal injury to myself, my dog, children in my charge, or harm to property or person caused directly or indirectly, through action or inaction of self or others, by acts that might occur in dog training classes, any other format of training activities or secondary training without trainer present or engaged.
- I agree to indemnify Shannon Coyner and affiliates from any and all claims by myself, member of family, or any agent while within training facilities, within my home property, or in the general public as a result of any action or inaction, of either my dog or any another.
- I also agree to assume sole responsibility for injury or damage caused by myself, children in my charge, or by the dog I own or handle and further agree to indemnify, defend and hold the instructors, trainers, assistants and property harmless from any damage, loss, liability or expense, including legal cost and attorney's fees, which result from damage caused by myself, children in my charge, or by the dog I own or handle.
- I have provided current vaccination documents from a licensed veterinarian.
- I understand that there are no refunds given 7 business days prior to the start date of class.
- I have read the policies for dog training and I agree to adhere to them.

Client Signature _____ Date _____

Photo Release

I grant to Ventura Pet Wellness its representatives and employees the right to take photographs of me and my dog in connection with training or classes I take with Ventura Pet Wellness. I authorize Ventura Pet Wellness its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Ventura Pet Wellness may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Client Signature _____ Date _____

IMPORTANT: Please be sure to return the New Client Form – Dog Classes, Registration Form, Class Policy Form and a copy of your dogs most recent vaccinations via email to shannonvpw@gmail.com or by mail (please contact us for mailing address / Training Center address does not accept mail) prior to the start date of class.