



# DOG TRAINING REGISTRATION & QUESTIONNAIRE

Please fill in or check off appropriate information. All classes are open enrollment.

<p><b>CLASSES</b></p> <input type="checkbox"/> Puppy/Basic <input type="checkbox"/> Basic/Intermediate <input type="checkbox"/> Winnetka Com. Hse. <input type="checkbox"/> _____	<p><b>PRIVATE</b></p> <input type="checkbox"/> Puppy Head Start <input type="checkbox"/> Private Lesson <input type="checkbox"/> Adopt/Purchase Eval. <input type="checkbox"/> Board and Train	<p><b>PRIVATE</b></p> <input type="checkbox"/> Personal Shopper <input type="checkbox"/> Day Training <input type="checkbox"/> Test Only <input type="checkbox"/> Daycare with Exercising
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Date of 1<sup>st</sup> Lesson/Class: \_\_\_/\_\_\_/\_\_\_ Day of the Week: \_\_\_\_\_ Location: \_\_\_\_\_

How did you hear about Big Sky Dog Training? \_\_\_\_\_

**Please complete the following.**

Owner's/Handler's Name: \_\_\_\_\_ (Must be over 18 years old)

Other members coming to class: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Other Ph: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

How long have you owned your dog? \_\_\_\_\_ Purchase or Rescue? \_\_\_\_\_

**REFUND POLICY/CANCELLATION POLICY:**

CLASSES: REFUND AVAILABLE AFTER FIRST CLASS ONLY – NO REFUND WILL BE GIVEN FOR CLASSES AFTER THE SECOND CLASS DATE.

PRIVATE LESSONS: IF A NO SHOW OR CANCELLATION IS MADE IN LESS THAN 12 HOURS FROM THE DATE OF SERVICE A \$25.00 WILL BE ASSESSED.

BOARD AND TRAIN: 30% NON REFUNDABLE DEPOSIT.

**LIABILITY WAIVER FOR DOG SERVICES:**

I UNDERSTAND THAT MY PARTICIPATION IN ANY OF BIG SKY DOG TRAINING SERVICES (HEREBY ALSO REFERRED TO AS TRAINING) INCLUDES AN ELEMENT OF RISK FOR ME, ATTENDING FAMILY MEMBERS, GUESTS AND MY DOG, WHICH INCLUDES, WITHOUT LIMITATION, RISKS OF ILLNESS, FALLS, BITES AND INJURY THROUGH CONTACT WITH OTHER PARTICIPANTS, THEIR DOGS, OR INTERIOR/EXTERIOR SURROUNDINGS OF ANY FACILITY WHERE DOG TRAINING TAKES PLACE. I UNDERSTAND THAT PARTICIPATION BY ME, ATTENDING FAMILY MEMBERS/GUESTS, AND MY DOG IS VOLUNTARY AND THAT EACH PERSON HEREBY EXPRESSLY AGREES TO HOLD BIG SKY DOG TRAINING, ITS EMPLOYEES, OWNERS AND AGENTS, HARMLESS FROM ANY LIABILITY WHATSOEVER RESULTING FROM ANY INJURIES OR DAMAGES SUSTAINED AS A RESULT OF PARTICIPATION IN THE TRAINING. I, AND ATTENDING FAMILY MEMBERS/GUESTS, INDIVIDUALLY, AND ON BEHALF OF THEIR RESPECTIVE HEIRS, ASSIGNS OR SUCCESSORS, HEREBY EXPRESSLY WAIVES, RELEASES AND DISCHARGES BIG SKY DOG TRAINING, ITS EMPLOYEES, OWNERS AND AGENTS FROM ANY CLAIMS, DEMANDS, INJURIES, DAMAGES OR CAUSES OF ACTION THAT ARE IN ANY WAY RELATED TO PARTICIPATING IN THE TRAINING. BIG SKY DOG TRAINING MAKES NO REPRESENTATIONS, GUARANTEES OR PROMISES, IMPLIED OR EXPRESSED, THAT ANY TRAINING RECEIVED FROM BIG SKY DOG TRAINING WILL CURE A DOG OF ANY DANGEROUS PROPENSITIES. IT IS FULLY UNDERSTOOD THAT REGARDLESS OF THE DOG TRAINING RECEIVED BY THE ANIMAL, A DOG ALWAYS POSSESSES THE PROPENSITY TO BITE. I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS BIG SKY DOG TRAINING, ITS EMPLOYEES, OWNERS, AND AGENTS FROM ANY AND ALL CLAIMS, OR CLAIMS BY ANY MEMBER OF MY FAMILY OR ANY OTHER PERSON WHILE ON THE GROUND OF ANY FACILITY WHERE DOG TRAINING TAKES PLACE, THE SURROUNDING AREA THERETO, OR ON MY OWN PROPERTY OR PUBLIC AREA AS A RESULT OF ANY ACTION BY ANY DOG, INCLUDING MY OWN. I AFFIRM AND HAVE PROOF THAT MY DOG IS CURRENT ON ALL VACCINATIONS APPROPRIATE FOR MY DOG'S AGE AND AS REQUIRED TO ATTEND TRAINING. I AGREE TO ABIDE BY ALL RULES PRESENTED DURING THE TRAINING. I ALSO UNDERSTAND THAT BIG SKY DOG TRAINING MAY USE FOR PUBLICITY, PICTURES OF MY DOG OR ME FOR PROMOTIONAL PURPOSES WITHOUT LIABILITY OR OBLIGATION TO ME. I ALSO AGREE TO REIMBURSE MONTANA C. HAYES FOR ANY EXPENSES SHE MIGHT INCUR AS A RESULT OF INJURIES OR ILLNESSES SHE MIGHT SUSTAIN AS A RESULT OF WORKING WITH MY DOG.

I HAVE READ, UNDERSTAND, AND AGREE TO ALL TERMS AND CONDITIONS SET FORTH ABOVE and choose to take this lesson/class.

\_\_\_\_\_  
SIGNATURE OF OWNER OR RESPONSIBLE AGENT FOR PET DATE

CHECK HERE TO CONFIRM THAT YOU ARE THE PERSON WHOSE NAME WAS ENTERED ABOVE AND ALSO THE OWNER OR RESPONSIBLE AGENT FOR YOUR PET.

FOR OFFICE USE ONLY	DATE RECEIVED	DATE VERIFIED	NOTES
REGISTRATION			
PROOF OF VACCINATIONS			
CLASS-LESSON FEE / MANUAL			

Please check off (✓) any area you are having **PROBLEMS** with.

<p><b>Adult or Puppy Training</b></p> <p>House training _____</p> <p>Biting/Nipping hands _____</p> <p>Bites leg pants _____</p> <p>Attention &amp; focus _____</p> <p>Licking _____</p> <p>Chewing _____</p> <p>Digging _____</p> <p>Drop it _____</p> <p>Leave it _____</p> <p>Traveling in car _____</p> <p>Jumping out of Car _____</p> <p>Excessive barking _____</p> <p>Boundaries/ Bolting _____</p> <p>Car Sickness _____</p> <p>Wild Dog Behavior _____</p> <p>Resource Guarding _____</p>	<p><b>Obedience</b></p> <p>Recall (come/here (on-leash) _____</p> <p>Recall (come/here off lead) _____</p> <p>Stay _____</p> <p>Sit / Sit stay _____</p> <p>Down / Down Stay _____</p> <p>Wait _____</p> <p>Walking on leash _____</p> <p>Pulling on leash _____</p> <p>Come off leash _____</p> <p>Running away _____</p> <p>Excitement _____</p> <p>Jumping fences _____</p> <p>Jumping up on furniture _____</p> <p>Jumping up on people _____</p> <p>Kitchen counter surfing _____</p> <p>Chasing cars, bicycles, etc. _____</p>
<p><b>Socialization and Comfort</b></p> <p>Dog shy _____</p> <p>General aggression _____</p> <p>Fear aggression _____</p> <p>Threat &amp; Alarm _____</p> <p>Growling _____</p> <p>Dog socialization _____</p> <p>People socialization _____</p> <p>Strange places _____</p> <p>Separation anxiety _____</p> <p>General anxiety _____</p> <p>Excessive barking _____</p> <p>Pack orientation _____</p> <p>Phobic Behavior _____</p> <p>Introduce dog to baby _____</p>	<p><b>Grooming</b></p> <p>Bath &amp; conditioner _____</p> <p>Brushing teeth _____</p> <p>Nails _____</p> <p>Teeth problems _____</p> <p>Eyes &amp; Ears _____</p> <p>Skin itching/irritation _____</p> <p>Dry skin _____</p> <p>Anal glands _____</p> <p>Lumps / bumps _____</p> <p>Fleas / Ticks _____</p> <p>Spay/Neuter _____</p> <p>Heart worm testing/prevention _____</p>
<p><b>Food and Treats</b></p> <p>Passing Gas _____</p> <p>Upset stomach _____</p> <p>Skin itching/irritation _____</p> <p>Food Allergy _____</p> <p>Eating stools _____</p> <p>Resource Guarding food/toys/treats _____</p>	

**Additional Comments/areas to work on:**