FORANIMALS, LLC DOG TRAINING CLASS REGISTRATION LEEA FORAN, CPDT-KA, CDBC • 44 WEST MOUNTAIN ROAD • LENOX, MA 01240 • 413-445-8843 • www.trainingforanimals.com

CLASS	DATE	TIME
NAME		DOG'S NAME
ADDRESS		AGE BREED
CITY/STATE/ZIP		SEX NEUTERED/SPAYED
HOME PHONE		HOW LONG HAVE YOU LIVED WITH THIS DOG?
WORK PHONE		WHERE DID YOU GET THE DOG?
EMAIL		NAME OF VETERINARIAN
Personal Information will never be shared with a third party without your	expressed co	Insent.
DAILY SCHEDULE		
Time spent indoors% outdoors% How long left alone on an average day? hours Indoor Space: free run of the home restricted to certain areas crated (when/how long?) Outdoor Space: free run of fenced in yard kenneled kept on chain/run only out on leash Diet:% dry% canned% human food primary brand Exercise: Describe type, frequency, duration		
SOCIAL CONTACT & TEMPERAMENT		
		other pets:
Amount of contact with other adults and/or children: None Infrequent Daily-weekly		
Response to unfamiliar people: Friendly Cautious Avoids Growls Snaps Barks Lunges Bites		
Amount of contact with other dogs: None Infrequent Daily-weekly		
Response to unfamiliar dogs: Friendly Cautious Avoids Growls Snaps Barks Lunges Bites Describe your dog's personality (check all that apply):		
Friendly Eager to please Nervous/Anxious Temperamental Bossy/Stubborn Aloof Shy/Timid Unpredictable		
Aggressive to People Aggressive to Dogs Energetic LethargicConfident Quiet Loud Submissive Playful		
MEDICAL INFORMATION		
Is your dog under current veterinary supervision/medica	tion for any	health or behavior problem? Describe.
Does your dog have any physical limitations that would effect his/her mobility, stamina, or willingness to be in a group training?		
Do you as the dog's handler have any physical limitations that would effect your ability to participate in the training?		
NOTE: A copy of your dog's vaccinations (or titer) will be required before you start the class. Vaccination records enclosed I will bring records to the first class		
Is this your first puppy/dog?Yes No Is	this your fi	rst group training experience? Yes No

PLEASE CONTINUE ON THE OTHER SIDE

GOALS _

What do you most want to accomplish in this training?

What are your long term goals for your dog? (check all that apply)

- ____ a well mannered family companion
- ____ competitive showing (breed showing, obedience, agility)
- ____ service/therapy work
- _____ hunting, tracking, herding or athletic companion
- ____ I plan to breed my dog

PAYMENT _

Full payment is required to guarantee your registration.

Please enclose a check or money order made payable to: Foranimals, LLC.

Mail completed form and payment to Foranimals, Leea Foran, 44 West Mountain Road, Lenox, MA 01240.

Phone: 413-445-8843. Email: info@trainingforanimals.com.

You will be notified by phone or email once your registration and payment have been received.

Fees are non-refundable unless a class is cancelled or accident or long-term illness prevents you from attending the series. Weather cancellations will be rescheduled.

WAIVER, ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS

I understand that attendance at a dog training class is not without risk to myself, members of my family or guests who may attend, or my dog, because some of the dogs to which I (we) will be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care.

I hereby waive and release Foranimals, its staff, instructors, assistants and volunteers, from any and all liability of any nature, for injury or damage which I or my dog may suffer, including specifically, but not without limitation, any injury or damage resulting from the action of any dog, and I expressly assume the risk of such damage or injury while attending any training sessions or other function, or while on the training grounds or the surrounding area thereto.

In consideration of and as inducement to the acceptance of my application for training membership in this dog training class, I hereby agree to indemnify and hold harmless Foranimals, its staff, instructors, assistants and volunteers from any and all claims, or claims by any member of my family or any other person accompanying me to any training session or function or while on the grounds or the surrounding area thereto as a result of any action by any dog, including my own.

Signature of Owner or Authorized Agent

Signer must be over 18 years of age

Date

□ I have read and agree to the Safety Requirements and Housekeeping Rules that were included in this application.

How did you learn about this training class?

OFFICE USE ONLY

Received: _____ Registration form _____ Payment _____Vaccination records

Confirmed by _____phone ____email Date _____