

# Group Class Training Application / Profile

Please print and fill out, then fax to us at (386) 325-3378, e-mail to use at [buffalo8@mac.com](mailto:buffalo8@mac.com) or mail to us at: 120 Carraway Ct., Palatka, Florida 32177

Thanks in advance for filling out this pre-training profile. Your answers will really help us help you and your dog.

Your Name

\_\_\_\_\_ First \_\_\_\_\_ Last

Additional Dog Handler (member of the family)

\_\_\_\_\_ First \_\_\_\_\_ Last

Your Contact Information:

Address \_\_\_\_\_  
Street Address

Address line 2 \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

e-mail address \_\_\_\_\_@\_\_\_\_\_

Which Class will you be enrolling in:

\_\_\_\_\_

Your Dog's Information:

Name \_\_\_\_\_ Age \_\_\_\_\_ Breed \_\_\_\_\_

Gender: Unaltered Male \_\_\_\_\_ Neutered Male \_\_\_\_\_  
Unaltered Female \_\_\_\_\_ Spayed Female \_\_\_\_\_

Veterinarian \_\_\_\_\_

Additional Information about \_\_\_\_\_  
Dog's name

(things such as physical limits, how your dog came to live with you, problems you may be experiencing, concerns you have, goals or anything you feel will help us get to know your dog's background)

What is \_\_\_\_\_'s current level of training?

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\_\_\_\_\_ is most motivated by:

Toys \_\_\_\_\_ Food \_\_\_\_\_ I'm Not Sure \_\_\_\_\_

How did you find out about Canine Companions Dog Training LLC?

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### **Canine Companions Dog Training LLC Terms of Service**

(please read the below terms and check the space to indicate you have read and agree)

1. I understand that I am REQUIRED to bring and show my dog's most current proof of vaccinations to Canine Companions Dog Training LLC on the first day of class. I can scan and send my documentation ahead of time to [buffalo8@mac.com](mailto:buffalo8@mac.com) OR have your veterinarian FAX the vaccination record to us at 386-325-3378. Puppy owners, you are required to bring the most current proof of your puppy's vaccination schedule. We realize your puppies are not yet fully vaccinated.

Agree \_\_\_\_\_

2. You MUST provide us with at least 24 hours notice should you be unable to attend class. Otherwise you are forfeiting a class in your prepaid package. We recommend that you and your dog attend all classes consecutively.

Agree \_\_\_\_\_

3. I agree that the success of any training program is based on owner compliance. Training is a process which takes time, patience, and dedication.

Agree \_\_\_\_\_

4. I understand that once I begin class there are no refunds past the first day of class. If I wish to un-enroll in group training, I must notify Canine Companions Dog Training LLC immediately after the first night of class and agree to be charged for the first day of class and reimbursed for the balance of the sessions.

Agree \_\_\_\_\_

5. I take full responsibility for the actions of my dog while in class. I understand that group classes are not designed for aggressive dogs and that my dog is free of aggression towards both people and other dogs (N/A for dogs enrolled in reactive dog class).

Agree \_\_\_\_\_

6. I have read and agree with the Canine Companions Dog Training LLC Terms of service.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date