



Training Class Intake Form

4603 William Penn Hwy, Murrysville, PA 15668
Tel: 724-327-PAWS (7297) Fax: 724-327-0582
Mon-Fri 7 AM-7 PM, Sat 9 AM-3 PM, Sun 2-5 PM

Dog's Name: _____ Owner's Name: _____

Color: _____ Weight: _____ Address: _____

Breed: _____ DOB: _____ Age: _____ Phone Number: (h) _____

Male Male/Neutered Female (last heat _____) Female/Spayed (c) _____ (c) _____

Does your dog have any physical handicaps or special **medical conditions**? Yes No

If yes, please specify: _____

How did you hear about this class at Walkers? _____

Is your dog reactive to (*Check all that apply*): Other Dogs Men Women Children Other

How would you describe your dog's personality? *Check all that apply:*

- Friendly, Happy Playful Calm Bored Indifferent Extroverted
- Loud Annoying Finicky Hyperactive Housebreaking problems
- Does not listen to commands Shy Fearful Nervous Dependent Submissive
- Hides under furniture Aggressive Dominant Runs away Jealous Territorial
- Protective of toys, food, etc. Protective of home or car Dislikes certain people Marks territory
- Aggressive with children Aggressive with strangers Aggressive with other animals

Explain:

Handlers under 16 must be accompanied by an adult at all classes.

Does the handler have previous experience? If yes, what level? _____

Does the handler have any physical handicaps affecting mobility, sight, hearing, etc.?

If yes, please explain _____

Has your dog ever been involved with the following types of training programs:

	Yes	No	Level / Organization Name & Location
Puppy Class	<input type="checkbox"/>	<input type="checkbox"/>	_____
Obedience	<input type="checkbox"/>	<input type="checkbox"/>	_____
Agility	<input type="checkbox"/>	<input type="checkbox"/>	_____
Conformation	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

Is your dog crate trained?

Please **BE SPECIFIC** for the following questions: (*Write on back if needed*)

Does your dog play with toys or play games? _____

How does your dog get exercise? How often? _____

What is your dog's favorite activity? _____

Please rank your 3 most important goals for this class: 1) _____

2) _____ 3) _____

Signature: X _____ Date: X _____

I understand that payment for training is due in full prior to starting the first lesson. Payment for class is not refundable. I understand that I need to work with my pet outside of class to obtain optimal results from class and that Walkers cannot and does not guarantee results. It is understood that Walkers Pet HoTail ("Walkers") is not responsible for the loss of or damage to any personal items brought to the HoTail. I understand and accept that Walkers cannot guarantee the health of any animal. I understand and accept that unfortunate events can happen and I hold Walkers, its staff, trainers and volunteers harmless for any and all liability, cost and expenses for injury or damage to persons or property sustained on premises and that I assume the risk of such injury or damage including, but not limited to: injuries, general illness, weight loss, viruses, upper respiratory infection (canine cough, etc), other infections, diarrhea, vomiting, escape or death.

Staff Use Only	NCF:		Vet Recs OK:		Res. Date:		Trainer:	
	Waiver / MEI:		Vet Recs Needed:		Paid Date:		Email:	
	Vet:		Date/initial told o:		Class Date:		Class Time:	