



Training Class Agreement

Puppy Foundations Level _____
6 weeks (1 hour, one night per week) ♦ \$115 (includes treats)

Name: _____ Today's Date: _____ Start Date: _____

Address: _____ City: _____ Zip: _____

E-mail Address 1: _____ E-mail Address 2: _____

Phone: Daytime: _____ Evening: _____ Mobile: _____

Please list all handlers (other than the person listed above) who will be attending class:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

How did you hear about this class (please be specific): _____

Where did you get your dog: _____ How long have you had your dog: _____

Dog's Name: _____ **Breed:** _____ **Color:** _____

Male or Female Spayed/Neutered or Intact **Dog's Date of Birth:** _____

Primary Veterinarian (Clinic & Phone): _____

Proof of Vaccinations required before starting class: DHLPP Distemper, Bordetella and Rabies*

Fax: 952-447-3643, e-mail: guestservices@pawsresort.com or printout a copy and bring to class

Things we need help with:

- Nipping
- Chewing
- Biting
- Aggression
- Jumping
- House-training
- Acclimation to collar/leash
- Crate/Kennel Training
- Shyness Fearfulness around people
- Shyness Fearfulness around dogs
- Appropriate Play Rules
- Getting Dogs Attention
- Keeping Dogs Attention
- Getting dog to play
- Interaction with other animals in house:
Cat, dog, bird other
- Other: _____

Things we think our dog should do, but doesn't:

- Come when called
- Sit
- Stay
- Lay on the ground
- Stay off furniture
- Stop jumping on people
- Stop rushing the door
- Stop stealing our things (socks, shoes, paper)
- Get along with other dogs
- Get along with people
- Stay out of a certain room (i.e. kitchen, den)
- Stop pulling on the leash
- Be calm in the car
- Really great tricks
- Stop driving us crazy (elaborate, please!)
- Other: _____

CONTINUED ON BACK...

Training Agreement

I/we understand that the behavior of my/our dog(s) is greatly determined by my/our commitment to work with him/her. I/we agree to attend all classes regularly; to follow recommendations of the instructor; and to train my/our dog(s) to the best of my/our ability. I/we agree to ask for clarification or help when needed.

I/we understand that this class runs for 6 consecutive weeks. **Puppy & Foundations** classes will have new students joining the class each week. My dog will have exposure to a variety of different dogs and will learn to socialize and pay attention in different scenarios. **Levels** classes activities build on the previous week's class. If your dog is unable to participate, human participants are encouraged to attend without dogs to watch and take notes. I/we are responsible to keep my/our dog safe, be their advocate, encourage them and make learning fun.

* I/we certify that this dog(s) is current on its rabies vaccination (puppies under 6 months of age are excluded). I/we understand that in bringing my/our dog(s) to any area with a high volume of dog traffic I/we are at risk of exposing the dog(s) to infectious diseases. In an effort to protect my/our dog(s) I/we will follow my veterinarian's vaccination recommendations. ***I/we understand that I/we are required to provide written proof of vaccinations from my/our veterinarian on the following vaccinations; Distemper, Bordetella and Rabies.***

I/we agree to hold harmless the Guide By Nature, Inc. DBA Pure Spirit (GBN) and Paws & Pals Pet Resort (P&P), its owners, agents, employees and all persons connected or associated with these businesses and I/we do hereby release the same from any and all claims which I/we may have at any time, from the following: 1. Any loss or injury which may occur to any person or thing, and which may be caused directly or indirectly to any person or thing by an act of my/our dog(s) while in or upon the premises or grounds, or in or near any entrance or exit thereto, or any function of GBN and/or P&P being held outside the GBN/P&P premises; it being my/our intention and agreement to assume full responsibility and liability therefore. 2. The disappearance or loss of said above named dog(s) by theft, accident, death, or otherwise, and any damages or injury caused by GBN or P&P, its owners, agents, employees and all persons connected or associated with these businesses in any manner, or by any other cause operating directly or indirectly while such person(s) or such dog(s) are on the premises of the GBN/P&P.

What to bring to class: Well-fitted flat collar with buckle or snap closure. 6 foot long (1/4" – 5/8" wide) non- retractable leash –leather is preferred. Participants may also bring harnesses, head collars or other training tools they feel may be necessary, but we may not use them in class. Breeds susceptible to trachea damage should use a harness.

My/our dog(s) **has/has not** attended other training. If yes, list other classes/locations/trainer:

Print Name: _____ **Signature:** _____

Guardian, Print & Sign (if handler is a minor): _____ **Signature** _____

Date: _____

Office Use Only

Start Date: _____ Start Day: _____

Class Start Time: _____ Amount Paid: _____ Payment Method: _____

Confirmed by: _____ on (date/time) _____

Other Information: _____
