

**KLONDIKE CANINE ACADEMY**  
**CANINE COMPANION CLICKER COURSE**

Dog's Name \_\_\_\_\_

Your Name \_\_\_\_\_ Email \_\_\_\_\_

Your Address \_\_\_\_\_ Zip \_\_\_\_\_

Your Phone- Day \_\_\_\_\_ Night \_\_\_\_\_

**Dog Info**

Breed \_\_\_\_\_ Age \_\_\_\_\_ mo/yr Birth date \_\_\_\_\_

Sex: M F \_\_\_ Spayed/ Neutered Date: \_\_\_\_\_

Your Vet / Clinic Name \_\_\_\_\_

May we contact to acquire proof of vaccination for your pet to attend class? Yes No

**Goals**

What would you like to accomplish by bringing your dog to the Canine Companion Class?

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

How did you hear about Klondike Canine Academy? (Check all that apply)

\_\_\_ I'm a current client      \_\_\_ Pet Store      \_\_\_ Telephone Book

\_\_\_ Former client referred me      \_\_\_ Groomer      \_\_\_ Newspaper

\_\_\_ Veterinarian      \_\_\_ Breeder      \_\_\_ Web Page

\_\_\_ Other (specify) \_\_\_\_\_

Name(s) of those who referred you: \_\_\_\_\_

**Please make checks payable to Blair Animal Clinic      Fax 765-463-3112**

**FOR INSTRUCTOR'S USE ONLY—DO NOT FILL IN**

Orientation      1 \_\_\_\_\_      3 \_\_\_\_\_      5 \_\_\_\_\_

\_\_\_\_\_      2 \_\_\_\_\_      4 \_\_\_\_\_      6 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PD \_\_\_\_\_ supplies \_\_\_\_\_ Vx: Rabies \_\_\_ DHLPP \_\_\_ Bord \_\_\_ HWT \_\_\_ Fecal \_\_\_\_\_

Referral Thank You

Received on: \_\_\_\_\_

**Dog was acquired from:**

Pet Store  Breeder  Rescue (specify) \_\_\_\_\_  
 Shelter  Other (specify) \_\_\_\_\_

**Age of dog when acquired** \_\_\_\_\_ **How long have you had this dog?** \_\_\_\_\_

Does your dog have any physical limitations/medical problems? Y / N

If so, what? \_\_\_\_\_

**Training Info**

Have this dog ever attended:  puppy pre-school  Canine Good Citizen  
 obedience class  Other \_\_\_\_\_

If so, When? \_\_\_\_\_ Where? \_\_\_\_\_

**What did you like most about that class?**

\_\_\_\_\_

**What do you like most about THIS dog?**

\_\_\_\_\_

**What concerns you the most about THIS dog's behavior?**

\_\_\_\_\_

**Please check all behaviors that you are concerned with:**

- |  |  |
|--|--|
| <input type="checkbox"/> Barking                   | <input type="checkbox"/> Shy/Nervous               |
| <input type="checkbox"/> Jumps Up on people        | <input type="checkbox"/> Fearful                   |
| <input type="checkbox"/> Destructive Chewing       | <input type="checkbox"/> Excessive Energy          |
| <input type="checkbox"/> Inappropriate Elimination | <input type="checkbox"/> Does not listen to me     |
| <input type="checkbox"/> Pulls on leash            | <input type="checkbox"/> Does not come when called |
| <input type="checkbox"/> Growling                  | <input type="checkbox"/> Guards food or objects    |
| <input type="checkbox"/> Biting                    | <input type="checkbox"/> Steals items              |
| <input type="checkbox"/> Aggressive to Humans      | <input type="checkbox"/> Too attached to me        |
| <input type="checkbox"/> Aggressive to Dogs        | <input type="checkbox"/> Chases _____              |
| <input type="checkbox"/> Aggressive to Cats        | <input type="checkbox"/> Other _____               |

**IT'S OK TO GIVE (To Help Settle My Dog):**  Peanut Butter  Spray Cheese  
 Rawhide  Toy

PLEASE ASK ME FIRST! My dog has the following:  
 diet restriction \_\_\_\_\_  
 food allergy \_\_\_\_\_

**Does your dog accept and allow you and others to handle the following areas:**

Feet  Head  Belly I trim my dog's nails at home Y / N  
 Mouth  Tail  Back He will not allow his nails be trimmed Y / N

**Does your dog accept grooming? Y / N**

**Does your dog allow you to administer medication orally? Y / N**

**Interactions/Relationships**

**List number of other family members, including pets:**

Children  Cats  Dogs

**My dog has never played *off leash* before with dogs in a group setting Y / N**

has no opportunity to play with other dogs  
 I'm not sure how my dog would respond to off leash play

**My dog has played *off leash* with dogs: (check all that apply)**

< 10 lbs  < 25 lbs  < 25 lbs only  > 25 lbs only  > 50 lbs

**When interacting with other dogs I feel my dog:**

- is having fun
- always gets picked on
- is scared, runs & hides
- barks / lunges on leash
- won't play
- gets too rough / I intervene & separate
- tries to nip at other dogs
- attempts to mount other dogs repeatedly

**Has your dog ever bitten another person? Y / N** If yes, explain\_\_\_\_\_

**Has your dog ever bitten another animal? If yes, explain**\_\_\_\_\_

**Has your dog ever injured another animal? Y / N**

If yes, explain\_\_\_\_\_

**Has your dog ever shown any behaviors (such as baring teeth, growling, or snapping)**

**toward: Adults Y / N Children Y / N another pet / animal Y / N**

If yes, explain\_\_\_\_\_

**Food/Resources**

**Has your dog ever growled/snapped at a person when approached near his:**

- water bowl
- food bowl
- rawhides/treats
- toys
- other (specify)\_\_\_\_\_

**Are you able to remove food, items, or toys from your dog's mouth regularly? Y / N**

**Does your dog guard objects, resources, or places from the other dog or pets?**

- water bowl
- food bowl
- rawhides/treats
- toys

**INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

I, the undersigned, in consideration of my participation in the Klondike Canine Academy training classes which will be conducted at Klondike Kennels and/or Klondike Dog Park, do hereby agree to indemnify and hold harmless Blair Animal Clinic, PC and Klondike Kennels, Inc., their officers, agents and employees, volunteers and students, from and against any losses, costs, damages and expenses, including attorney's fees, arising out of or resulting from claims or suits, by or on behalf of any person, for any injury to me, a member or my family and any guest invited by me who is permitted to attend such training classes, and/or any injury to my dog, of whatever cause or nature, arising out of my participation in said training classes and related activities whether or not such injuries are caused in whole or in part by negligence or other fault of Blair Animal Clinic, PC and Klondike Kennels, Inc., their officers, agents and employees, volunteers and students.

I, the undersigned, represent that I am at least eighteen (18) years of age, understand the obligations I am undertaking by this Agreement and am executing this Agreement freely and voluntarily.

**REFUND POLICY**

**Full payment is required at time of registration.** If, after attending the human orientation session, you are unable to complete the class, a full refund can be provided less \$25.00. If after attending the first two sessions, a dog is unable to attend due to an injury or illness you can receive a 50% credit toward a future class. **We regret that no credit or refund can be provided, for any reason, after attendance of the first two sessions of any class.**

**Photo/Video/Email Release:** By signing below I agree to allow KCA to use class video and photos for educational or training purposes, for example slides, videos and/or website, and to be contacted via email to announce KCA activities unless stated otherwise. Emails are not sold and are used specifically to announce KCA classes and training events only.

Signature of Owner:\_\_\_\_\_ Date:\_\_\_\_\_