

KLONDIKE CANINE ACADEMY
THERAPY PET PREPARATION 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 Therapy Pet 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 _____

_____ 2 _____ 4 _____

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

Has ***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:

<input type="checkbox"/> Feet	<input type="checkbox"/> Head	<input type="checkbox"/> Belly	I trim my dog's nails at home	Y / N
<input type="checkbox"/> Mouth	<input type="checkbox"/> Tail	<input type="checkbox"/> 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 won't play
 always gets picked on gets too rough / I intervene & separate
 is scared, runs & hides tries to nip at other dogs
 barks / lunges on leash 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: _____