

KLONDIKE CANINE ACADEMY

CANINE GOOD CITIZEN/ THERAPY PET PREPARATION WORKSHOP & TESTING

*Please make checks payable to KLONDIKE KENNELS
Fax: 765-463-3112*

STUDENT REGISTRATION FOR:
CGC Workshop Test
TDI Workshop Test
Please select all appropriate

Interested in other KCA offerings?
 Playgroups (off leash dog play)
 Canine Companion Clicker Course
 Other _____

Dog's Name: _____

Your Name: _____ Email: _____

Address: _____ Zip: _____

Phone - Day: _____ Night: _____

Dog Information:

Breed: _____ Age: _____ Months Years

Sex: Male Female Spayed/Neutered? Yes No Not Yet

Veterinarian / Clinic Name _____

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

Goals: What would you like to accomplish by bringing your dog to the CGC/TDI Workshop?

1. _____

2. _____

3. _____

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

- | | | | |
|--|------------------------------------|---|------------------------------------|
| <input type="checkbox"/> I'm a current client | <input type="checkbox"/> Pet Store | <input type="checkbox"/> Telephone Book | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> My Veterinarian | <input type="checkbox"/> Groomer | <input type="checkbox"/> Breeder | |
| <input type="checkbox"/> Someone referred me | <input type="checkbox"/> Facebook | <input type="checkbox"/> Web Page | |
| <input type="checkbox"/> Other (specify) _____ | | | |

Name(s) of those who referred you: _____

OFFICE USE ONLY – DO NOT FILL IN

Received on: _____ Referral Thank You

Vx: Rabies _____ DAPP _____ Lepto _____ Bord _____ HWT _____ Fecal _____

WS/Test	Paid	Supplies	Session 1	Session 2	Session 3	Session 4	
CGC WS							
TDI WS							
			Pass	Did Not Pass	Retest		
CGC Test		N/A					
TDI Test		N/A					
AKC CC		N/A					

NOTES:

BAC Other

Year

Additional Information:

Dog was acquired from: _____

Age of dog when acquired: _____ How long have you had this dog? _____

Has this dog ever attended a training class? Yes No If so, where? _____

What do you like most about this dog?

What concerns you most about this dog's behavior?

Please check all behaviors that you are concerned with:

- | | |
|---|--|
| <input type="checkbox"/> Barking | <input type="checkbox"/> Shy/Nervous/Fearful |
| <input type="checkbox"/> Jumps up on people | <input type="checkbox"/> Destructive chewing |
| <input type="checkbox"/> Eliminates indoors | <input type="checkbox"/> Does not listen to me |
| <input type="checkbox"/> Pulls on leash | <input type="checkbox"/> Growls if try to take a chew/toy away |
| <input type="checkbox"/> Aggressive to humans | <input type="checkbox"/> Aggressive to dogs |
| <input type="checkbox"/> Aggressive to cats | <input type="checkbox"/> Other: _____ |

Has your dog ever shown any behaviors such as baring teeth, growling, or snapping toward:

Adults? Yes No Children? Yes No Another Pet/Animal? Yes No

If yes, please explain _____

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 Canine Recreation and Sports 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 of your workshop and/or test. If you are unable to complete a class due to the enrolled pet suffering an unexpected illness or injury, a credit may be issued at our discretion for any funds not used. Any credit issued will be applied to use for future behavior or training services we offer. All credits are calculated subtracting the cost of supplies and the per session fee for each session attended. **We regret that no credits or refunds can be provided for any other reason.**

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: _____