

# Care Dog Training: Accelerated Application 4 Lesson

Mail Form to: Mary Mazzeri 136 Golfview Lane Carpentersville, IL 60110

Please print legibly, thank you.

HANDLER (Person training dog) \_\_\_\_\_ First Appointment (Date/time) \_\_\_\_\_

CELL PHONE \_\_\_\_\_ (Other phone number) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

DOG'S NAME \_\_\_\_\_ BORN \_\_\_\_\_ SEX: M F NEUTER/SPAY?

BREED (S) \_\_\_\_\_ E-Mail \_\_\_\_\_

WHO REFERRED YOU? \_\_\_\_\_ Name of Vet & Clinic \_\_\_\_\_

Terms of Registration: I understand and agree that genetics, health, and environmental history (e.g. past experiences, lack of early training, nutrition, etc.) will affect my dog's behavior. I understand and agree that training may not be able to cure aggression, or other genetically caused problems, and I further understand and assume all risks associated with owning and harboring a dog that may be aggressive.  
 By signing and submitting this application I agree to work on given assignments and maintain my dog's training for its lifetime. I assume full responsibility for any incident that may occur. I indemnify and hold harmless Care Dog Training and/or Mary Mazzeri.  
 A cancellation, absence, or missed lesson is considered a lesson unless 24 hour notice is given,  
 Fee for services is \$ 595.00 for 4 lessons –the remote equipment used is included. Next group class is available for 50% of class fee.  
 → Make deposit payable to **Mary Mazzeri** & mail with this application. (Balance is due at first lesson.)  
 I have read, understand, and, by signing this form, agree to all regulations and conditions of registration.

**Signature:** \_\_\_\_\_ **Dated** \_\_\_\_\_

(Must be signed and dated by handler or legal guardian of a minor handler.)

→ Please answer all questions and number, *in order of importance*, the main problems your dog is having and add any information that will aid us in helping you to train your dog.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Housebreaking Problems             | <input type="checkbox"/> Overactive               | <input type="checkbox"/> Mounts people or objects                                       |
| <input type="checkbox"/> Urinates when excited/afraid       | <input type="checkbox"/> Jumps up                 | <input type="checkbox"/> Describe any aggression:<br>_____                              |
| <input type="checkbox"/> Excessive barking/whining          | <input type="checkbox"/> Play bites               | <input type="checkbox"/> Guards: toys-food-objects<br>(growls, snaps, etc.)             |
| <input type="checkbox"/> Chews destructively                | <input type="checkbox"/> Would bolt (Run away)    | <input type="checkbox"/> Has bitten (Explain below:<br>who, why, severity of bite etc.) |
| <input type="checkbox"/> Shy toward _____                   | <input type="checkbox"/> Doesn't come when called |   |
| <input type="checkbox"/> Stresses easily/Nervous/or Anxious | <input type="checkbox"/> Pulls on leash           |   |
| <input type="checkbox"/> Other: _____                       |   | (continue on reverse if needed)   |

What Brand/type of Dog food do you use? \_\_\_\_\_ Free fed or scheduled? (Circle one)

How long have you owned this dog? \_\_\_\_\_

Does your dog have any health issues? Is dog on any medications? No \_\_\_ Yes \_\_\_

Please explain \_\_\_\_\_

Has this dog ever been trained to an electronic or 'invisible' fencing system? → YES NO (Circle one)

Has this dog had any previous training? (please explain) \_\_\_\_\_

Is there anything else we should know about you or your dog? \_\_\_\_\_

What are your main objectives/goals in training: \_\_\_\_\_

Date	Basic Lessons	Date	Ex Lessons
	1		5
	2		6
	3		7
	4		8

Four Lesson Premium Contract  
 Member/Co Founder & Certified by International Association of Canine Professionals #1006 Certified PDTI  
**CareDogTraining.com**