

Care Dog Training Application: Pack Leader ~ Behavior Modification

Please print legibly, thank you. Return to Mary at 136 Golfview Lane Carpentersville, IL 60110

HANDLER (Person training dog) _____ Appointment _____ am pm

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 your Vet & Clinic _____

Terms of Registration: I understand and agree that genetics, health, and environmental history (e.g. past experiences, lack of early training, nutrition, health 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. I understand and agree to all these terms of registration. I assume full responsibility for any incident that may occur. I indemnify and hold harmless Care Dog Training, Mary Mazzeri, agents, instructors, and property owners.

Fee for services is \$ 195.00. \$50 Deposit

☆ Unless 24-hour notice of cancellation is given, an absence is counted as a 'session'.

*Make checks payable to **Mary Mazzeri**.*

I have read and 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 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"/> Not housebroken	<input type="checkbox"/> Overactive	<input type="checkbox"/> Mounts people or objects
<input type="checkbox"/> Urinates when excited/afraid	<input type="checkbox"/> Jumps on people	<input type="checkbox"/> Is aggressive toward:
<input type="checkbox"/> Nuisance barker/whiner	<input type="checkbox"/> Play bites	_____
<input type="checkbox"/> Chews destructively	<input type="checkbox"/> Would bolt (Run)	<input type="checkbox"/> Guards: toys-food-objects
<input type="checkbox"/> Shy toward _____	<input type="checkbox"/> Doesn't come when called	(growls, snaps, etc.)
<input type="checkbox"/> Stresses easily	<input type="checkbox"/> Pulls on leash	<input type="checkbox"/> Has bitten (Explain below-
<input type="checkbox"/> Other: _____		who, why, severity of bite etc.)

Have you or your dog had any prior training? _____

How long have you owned your dog? _____

What Brand & type of Dog food do you use? _____ Free fed or scheduled? (Circle one)

Does your dog have any health issues? Is it on any medications? No ___ Yes ___ Please explain

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

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

What are your main goals: _____



Member/Co Founder & Certified by International Association of Canine Professionals #1006 PDTI
National. Assn. Dog Obedience Instructors -#970

OFFICE USE \$ Deposit received _____ Check # _____ Balance check# _____ Care Dog Training 11/10/11