

Care Dog Training Application: Private Consultation ~ Behavior Modification

Please print legibly, thank you.

HANDLER (Person training dog) _____ **First Appointment** _____

PHONE (Home) _____ (Work or cell) _____

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 \$150 for first 90 minute lesson, thereafter \$ 100.00 per 1 hour lesson. (\$375 for 4 lessons when prepaid.)

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

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

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 objectives/goals in training: _____



Member/Co Founder & Certified by International Association of Canine Professionals
National Assn. Dog Obedience Instructors CareDogTraining.com

OFFICE USE \$ Deposit received on _____ Check # _____ Balance check# _____ Care Dog Training 4/21/10