



PAWSITIVE TRAINING AT ALPINE VIEW PET SPA - REGISTRATION

Please return completed form and e-transfer payment to alpineviewdogs@gmail.com to reserve your spot in our training classes.

Select your class:

Pre-Kinder

Kinder Puppy

K-9 EDU

Common K-9

Other

Name of dog parent(s):

Name of dog:

Breed:

Birthday:

E-mail:

Mailing address:

*Classes may be subject to change time/day if weather prohibits. All paid classes will be applicable to the following class session. If cancelled for weather we will rebook class. Unused class passes will carry over based on your dogs training level.



ABOUT YOU AND YOUR DOG

How old is your dog (will your puppy be) when you got/get them?

How old will your puppy be when they are removed from their mom/litter? / How old was your puppy when they were removed from their mom/litter?*

What brand of food does your dog eat? (if known)

How did you hear about Alpine View Pet Spa?

Internet search

Referred by someone (please specify their name.) We like to say thanks!

Facebook / Instagram

Other (please list)

Is this your first dog?

What would your ideal relationship with your new puppy be like?*

What goals would you like to accomplish through training?*

What made you want to get a puppy?*

Where did you get your puppy from?*



ABOUT YOU AND YOUR DOG

What problems are you having with your dog?*

Pulls on the leash	Barks when the door bell rings
Jumping up on people	Barks at bikes, skateboards, cars, ect..
Unreliable Recall	Rough play
Separation Anxiety	Aggression around food
Only listens when you have a treat	Aggression towards other dogs
Poop and urination in the house	Aggression towards people
Counter surfing	Excessive chewing
Aggression	Possessive of people, dogs toys or other objects
Fear and insecurities	Prey drive
Not listening to commands	Excessive or obsessive behaviours

Please elaborate on any major concerns with your dog's behavior:

Do you have other pets? Please specify species and ages.

Do you or your puppy have any physical or health limitations that would prevent you from participating fully in training sessions? If so, please provide details.

Have you done any other dog training courses with your new puppy or with any other dogs you have owned in the past? Please explain the result of your previous training experience. What did you like, what did you dislike, what worked for you and your dog and what didn't!

Waiver* I have read and agree to the Terms and Conditions laid out in the waiver.

YES

NO



WAIVER

I _____, hereby certify that my dog(s) _____ is in good health, is current on all required vaccinations (DHLPP, Rabies Bordetella), is free of fleas, ticks, and lice, and has not been ill with any known contagious viruses in the last 30 days. I also have read and understand and agree to the following:

I understand that while my dog is fully vaccinated that vaccines are not guaranteed and there is a small risk that my dog may contract a contagious disease or illness. I agree that should this occur I am responsible for my own pet's care and medical attention.

I agree to maintain regular flea, tick, parasite control and heartworm preventative maintenance programs for as long as my dog(s) has/have been boarding with Alpine View Pet Spa.

I understand that although all dogs are supervised that incidents of injuries may occur from playing with the other dogs, which include but not limited to bites, scrapes, scratches, and sprains, breaks or accidents that may cause harm. I release Alpine View Pet Spa from any and all liability for which I, or my dog, may suffer including but not limited to injury, sickness, damage or death resulting from participation in socialization or overnight boarding, daycare, grooming or training. I release Alpine View Pet Spa from any liability should my dog injure another dog or person while at Alpine View Pet Spa.

I represent that my dog is sociable and has not harmed or shown threatening behaviors towards any person or any other dog. I understand Alpine View Pet Spa reserves the right to remove my dog from the play area and place my dog in a separate holding area should my dog display any unwanted behaviors.

Deemed Social

Or

I represent that my dog has shown threatening behaviors towards other dogs. I understand that Alpine View Pet Spa has the right to not allow my dog to participate in social activities during their stay at the kennel.

Deemed NOT Social

I allow Alpine View staff to contact my veterinarian or any other accessible vet clinic as deemed necessary should any injuries require medical attention. I agree that I am solely responsible for any medical expenses acquired for my dog or my dog's actions.

\$

(Add amount max in case of emergency and we cannot get in contact with you.)