



PAWSITIVE TRAINING AT ALPINE - REGISTRATION

Please return completed form and e-transfer payment to alpineviewdogs@gmail.com to reserve your spot in our training classes. For all one-on-one training, please fill out **Training Consultation Form** as well.

Name of dog parent(s): _____

Name of dog: _____

Breed: _____

Birthday: _____ Age Today: _____

E-mail: _____

Phone Number: _____

Mailing address:

This will be used to set up your profile in our customer database.

I understand that I will receive notifications _____(initial).

*Classes may be subject to change time/day if weather prohibits. If canceled for weather, we will rebook class. We do not offer refunds or credit for missed classes. All dogs must be healthy, vaccinated and given proper parasite and disease control to attend classes.



ABOUT YOU AND YOUR DOG

How old was your dog when you adopted them, if a puppy, how old were they when they were adopted from the litter, what age were the puppies weaned and removed from mom?

What brand of food does your dog/puppy eat? Any food sensitivities (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/puppy?

What would your ideal relationship with your new dog/puppy be like?
(i.e. support dog, house pet, service dog etc.)

What goals would you like to accomplish through training?

What made you want to get a dog/puppy? *Where did you get your dog/puppy from?

Is your puppy spayed or neutered? If yes what date and age where they altered?

Vaccinated? If yes, what date?

Are there other pets in the home:

(If yes, please provide - name, breed, spayed/neutered and vaccination status)

Does your dog have a human bite history? Yes or no, any nipping or mouthing?

If Yes, please describe the incident and injury.

Does your dog have a dog bite history? Yes or no, reactivity, leash reactivity?

If Yes, please describe the incident and injury.

Have you previously worked with a trainer? If so, please list their name, and what behaviour did they help you with? Do you or your puppy/dog have any physical or health limitations that would prevent you from participating fully in training sessions? If so, please provide details.

What problems are you having with your dog?

Pulls on the leash

Chews on leash

Jumping up on people

Unreliable Recall

Separation Anxiety

Only listens when you have a treat

Poop and urination in the house

Counter surfing

Fear and insecurities

Not listening to commands

Barks when the doorbell rings

Barks at bikes, skateboards, cars, etc...

Rough play with dogs

Rough play with human

Aggression around food, toys, or other items

Aggression towards other dogs

Aggression towards people

Excessive chewing

Possessive of people, dogs, toys, or other objects

Prey drive

Excessive or obsessive behaviours: please describe

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



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 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 behaviours 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 behaviours.

Deemed Social _____

OR

I represent that my dog has shown threatening behaviours 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. _____

My emergency contact is: _____

\$ _____

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

Please sign here _____



TRAINING CONSULTATION FORM

Give a description of the behaviour you are seeking assistance with, and please be thorough:

What strategies are you currently using to train/ manage behaviours? How do you handle the situation at hand currently?

What tools do you use, or have used to manage behaviours?