

Office will fill out blanks in THIS box:

Name of Class: Day of Wk Time:..... Color Code ()

Start Date/...../08 End Date/...../08 Attendance: 1 2 3 4 5 6 7 8

Equip Loan Vet Tuition GL Video

Student Profile Form

Legacy Canine Behavior & Training, Inc. P.O. Box 3909 Sequim, Wa 98382
Ph/Fax 360-683-1522, www.legacycanine.com

Your Name _____ Dog's Name _____

Your Address _____ Zip _____

Day Phone # _____ Night Phone # _____ Cell Phone # _____

VERY IMPORTANT: Email _____

Dog's Breed Type _____ Dog's Age _____ Dog's Sex _____

Your Vet's Name _____ Has dog been neutered? _____ When? _____

Does your DOG have physical limitations or medical problems? Y / N What? _____

Is the dog on medication now? Y / N What? _____

Do YOU have a physical limitation we should allow for in class? Y / N What? _____

List other family members including pets: _____

Dog was acquired from (circle): PET SHOP SHELTER BREEDER OTHER _____

Age of dog when acquired _____ How long have you had this dog? _____

Have you attended an obedience class before with any dog? When/Where: _____

What did you like most about that class? _____

What do you want to accomplish in this class? 1. _____ 2. _____ 3. _____

List cues (commands) your dog reliably obeys: _____

Approximate % of time dog is: Inside _____%, Outside _____%, Without humans _____%, Tied _____%

About how many minutes a day do you: Walk your dog on leash - _____mins, Play with your dog - _____mins,

If you've had previous dogs: What did you like about them? _____

What you like least about them? _____

What do you like best about THIS dog? _____

What concerns you most about your relationship with THIS dog? _____

How often, when and what does your dog eat? _____

Does your dog have a food allergy? Y / N Please explain _____

Circle traits which apply to your dog: If None of these traits apply, please check "None of These Traits Apply"

GROWLS	SHY	FEARFUL	GUARDS FOOD/
TOYS			
PUSHY	BITES	DESTRUCTIVE	MOUTHY
EXCESSIVE ENERGY	DOMINANT	AGGRESSIVE	NOISY
TOO ATTACHED TO ME	WON'T LISTEN TO ME	NOT GOOD W/ PEOPLE	NOT GOOD W/ DOGS
URINE MARKS	OTHER	OTHER	OTHER
NONE OF THESE TRAITS APPLY _____			

Briefly explain each trait circled.....

Anything else we should know about your dog?

PLEASE READ AND SIGN THE FOLLOWING

General Agreement: In consideration of the acceptance of this registration, and the holding of classes, and the opportunity to have the dog participate, I agree to hold Legacy Canine Behavior and Training, Terry and Bill Ryan and their head trainers and assistants, the premises upon which the classes are to be held and their employees and their assistants, harmless from any claim for the loss or injury which may be alleged to have been caused directly, or indirectly to any person or thing by any act of dog or person while in or upon the premises or grounds or near any entrance thereto. I personally assume all responsibility and liability for any such claim. I further agree to hold the aforementioned parties harmless from any claim of loss of this dog by disappearance, theft, death or injury to be caused or alleged to be caused by the negligence of the parties aforementioned, or by the negligence of any other person or any other cause or causes. I hereby assume the sole responsibility for and agree to indemnify and save the aforementioned parties harmless from any and all loss and expenses, including legal fees, by reason of the liability imposed by law upon any of the aforementioned parties for damage and expenses. **Photo/E-Mail Release:** My signature on this form gives Legacy unrestricted use of my image obtained in class videos and photos for educational, promotional & sales purposes; and to contact student via e-mail to announce Legacy activities unless stated otherwise. **Class Fees are Non-Refundable and Non-Transferrable**

Signature _____ **Date** _____

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Lof P Pass PersBestRpt Postcard FAQ Follow-up

Notes:

..... Instructor Asst