

**DOG TRAINING REGISTRATION FORM:**

**Diann Hecht**  
**P.O. Box 2847**  
**La Pine, Or. 97739**

**• PLEASE RETURN THIS WITH FULL PAYMENT TO HOLD YOUR PLACE IN THE CLASS**  
**Limited number of dogs per class – sign up now to ensure a place!**

Class begins:                      Date \_\_\_\_\_ Time \_\_\_\_\_ Weeks \_\_\_\_\_  
Cost \$ \_\_\_\_\_

**Location** \_\_\_\_\_

Check all that applies at this time: Registration form for:

- Puppy Manners     Basic Obedience     Intermediate     Advanced     Off Leash Play
- Private     Listen & Learn     Sit, Stay, Come, Play     Day camp
- Boarding     Little Rascals     Other \_\_\_\_\_

**PLEASE PRINT. Thank you!**

Owner Name: \_\_\_\_\_ Telephone Home: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone Work: (\_\_\_\_) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Telephone Other: (\_\_\_\_) \_\_\_\_\_

Person Handling Dog in Class: \_\_\_\_\_ If Minor, Age of Minor: \_\_\_\_\_ Years  
*(A handler 15 years of age and younger is required to have an adult attend class to assist minor. Thank you.)*

Dog's Name: \_\_\_\_\_ Dog's Breed/Cross/Mix: \_\_\_\_\_

Dog's Gender: M  F  Dog's Age: \_\_\_\_\_ how old was your dog when you acquired it? \_\_\_\_\_

Where did you acquire your dog? (Breeder, pet shop, Breed Rescue, shelter, etc.): \_\_\_\_\_

Is your dog spayed or neutered? Y  N  If yes, at which age? \_\_\_\_\_

- Is your dog (please check all that apply):
- allowed to run free in the home supervised.                       Allowed to run free in the home unsupervised.
  - Allowed to run in a fenced yard supervised.                       Allowed to run in a fenced yard unsupervised.
  - Outside unleashed, supervised.                       Leash walked.
  - \_\_\_\_\_                       crate trained

Does your dog play off-leash with other dogs? **Other than family dogs**, Y N If yes, please specify: \_\_\_\_\_

Is your dog sensitive about any part of its body? (i.e. tail touched, paws touched, etc.): Y  N

Is your dog possessive of food or toys? Y  N

Has your dog ever bitten another dog? Y  N

Has your dog ever bitten a human? Y  N  {Other than play biting}

If yes to any of the above, please describe: \_\_\_\_\_

Specify brand of dog food fed: \_\_\_\_\_ Cups per day: \_\_\_\_\_ Divided into (#) \_\_\_\_\_ meals.

What is your dog's training history? (Please check all that apply):

- No Training                       Basic Obedience Class                       Puppy class
- Trained Yourself                       Beyond Basic Obedience                       Day care
- Sent-to-Trainer Trained                       Other

**\* PLEASE TURN OVER FOR MORE \***

Collars used by you (please check all that apply):     Martingale/Greyhound/Premier-style Collar

Buckle Collar, Nylon or Leather  
 Prong/Pinch Collar  
 Chain Training Collar

Body Harness  
 Head Harness (Gentle Leader, Halti, Snoot Loop, etc.)  
 Other (Please specify): \_\_\_\_\_

Do you or your dog have any pre-existing condition that may have an impact on training? (E.g. hearing loss):  Y  N  
If yes, please describe: \_\_\_\_\_

Are there any specific issues you wish to address? How much of a problem do you consider these behaviors to be?

| <b>Issue:</b> | <b>Very Serious</b>      | <b>Serious</b>           | <b>Not Serious</b>       |
|---------------|--------------------------|--------------------------|--------------------------|
| a) _____      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) _____      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Is there anything else you may consider relevant?  Y  N If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

How did you hear of this training opportunity? \_\_\_\_\_

Veterinarian's Clinic: \_\_\_\_\_ Clinic's Telephone Number: (\_\_\_\_) \_\_\_\_\_

Name of Veterinarian: \_\_\_\_\_

Clinic's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

***I hereby give permission to Dianns Happy Tails to telephone my Veterinarian's Clinic to verify my dog's vaccination status (DHLLP - C, Rabies) (Please Initial): \_\_\_\_\_ (Puppy Class requires 1 set of vaccinations.)***

**Trainer reserves the right to refuse entry to any dog that is obviously sick or overtly aggressive. Trainer cannot guarantee each individual dog's ability to learn and/or understand signals, commands, or cues.**

**Liability Release:**

Owner agrees that Diann's Happy Tails and Diann Hecht and any referring organization and or other participants will not be liable for any damage or loss resulting from failure of the dog to respond to any signals, commands, or cues taught to the dog Diann's Happy Tails! Or Diann Hecht resulting from counseling, instruction, or advice supplied to owner of dog enrolled.

Dog's behavior now and in the future is solely the responsibility of the owner of the dog. Should any behavior on the dog's part now or in the future result in damage to property, owner, or persons of some third party, owner agrees to assume full responsibility and liability to such third party for any and all such damage, and to absolve Diann's happy tails Dog Training! and Diann Hecht and any referring organization and or other participants from any and all obligations to pay such damage to some third party.

All dogs are trained or otherwise handled or cared for by Diann's Happy Tails Dog Training! And Diann Hecht and any referring organization and other participants without any liability whatsoever on Diann's Happy Tails Dog Training! and Diann Hecht and any referring organization and or other participants for loss or damage from disease, death, running away, theft, fire, injury to persons, other dogs, other animals, or property by said dog, or other unavoidable causes. Adults are responsible for their minors.

*Refund policy: No refunds given unless classes and or lessons are permanently cancelled by Diann's Happy Tails Dog Training! No refund if owner and or handler misses or drops out of classes and or lessons. No pro-rates given for missed classes and or lessons.*

This release waiver will be valid for all group classes, private lessons, off leash play groups, day care, board & Train, dog walking service, boarding, and any other service owner has hired Diann's Happy Tails and Diann Hecht to perform.

**I have read the above contract and liability release and agree to all terms and conditions:**

**Signature of Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Please be 10 minutes early to the first class, bring all required equipment.**

**For all classes, the full amount must be received to hold a spot in class. Please mail your fee with this form to:**

**{ALL MAILING TO:}**

**Diann Hecht \*  
P.O. Box 2847  
LaPine, Or. 97739**