



Lucky Dog Canine Training, LLC

Dog Training Class Registration at
Humane Society of Polk County, 3195 Dundee Rd., Winter Haven, Florida,
863-324-5227

Diann Andress, CPDT-KA; phone: 863-289-1138; email: luckydogk9@gmail.com; website: www.luckydogk9.com

NAME OF CLASS: _____	START DATE/TIME: _____
Name _____	Dog's Name _____
Address _____	Age _____ Breed _____
City/State/Zip _____	Sex _____ Neutered/ Spayed _____
Home Phone _____	How long have you lived with this Dog? _____
Work Phone _____	Where did you get the Dog? _____
Cell Phone _____	Name of Veterinarian _____
Email _____	How did you learn about this class _____

DAILY SCHEDULE

Time Spent Indoors _____% Outdoors _____% How long left alone on an average day? _____ hours
Indoor Space: _____ free run of the home _____ restricted to certain areas _____ Crated (when/how long?) _____
Outside Space: _____ Free run of fenced in yard _____ kenneled _____ Kept on chain/run _____ only out on leash
Diet: _____% dry _____% canned _____% human food primary brand _____
Exercise: Describe type, frequency, duration _____

SOCIAL CONTACT & TEMPERAMENT

Family members at home: adults _____ Children/ages _____ other pets: _____
Amount of contact with other adults and/or children: _____ None _____ Infrequent _____ Daily-weekly
Response of unfamiliar people: _____ Friendly _____ Cautious _____ Avoids _____ Growls _____ Snaps _____ Barks _____ Lunges _____ Bites
Amount of contact with other dogs: _____ None _____ Infrequent _____ Daily-weekly
Response to unfamiliar dogs: _____ Friendly _____ Cautious _____ Avoids _____ Growls _____ Snaps _____ Barks _____ Lunges _____ Bites
Describe your dog's personality (check all that applies):
_____ Friendly _____ Eager to please _____ Nervous/Anxious _____ Temperamental _____ Bossy/Stubborn _____ Aloof _____ Shy/Timid
_____ Unpredictable _____ Aggressive to People _____ Aggressive to Dogs _____ Energetic _____ Lethargic _____ Confident _____ Quiet
_____ Loud _____ Submissive _____ Playful _____ Hyperactive _____ Independent _____ Afraid of _____

MEDICAL INFORMATION

Is your dog under current veterinary supervision/medication for any health or behavior problem? _____
Describe _____
Does your dog have any physical limitations that would affect his/her mobility, stamina, or willingness to be in group training? _____
Do you as the dog's handler have any physical limitations that would affect your ability to participate in the training? _____

NOTE: A copy of your dog's vaccinations (or titer) will be required before you start the class.

_____ Vaccination records enclosed _____ I will bring records to the first class
Is this your first puppy/dog? _____ Is this your first group training experience? _____

GOALS.....

What do you most want to accomplish in this training? _____
What are your long term goals for your dog? (Check all that apply): _____ a well mannered family companion
_____ service/therapy work _____ competitive showing (breed showing, obedience, agility) _____ I plan to breed my dog
_____ hunting, tracking, herding or athletic companion.

No people or dog aggressive dogs may join this class. If you have an aggressive dog, give me a class to work out training.

No refunds after first lesson. No make-up classes. If you miss a class, ask for homework sheet.

WAIVER, ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMELSS.....

I/We agree by the signing of this document that Diann Andress, Lucky Dog Canine Training and Humane Society of Polk County, and all associated persons are released from any liability for any accident or injuries sustained by me/us and my/our dog(s), or any guest I/We may bring to these lessons. I/We further agree that Diann Andress, Luck Dog Canine Training, Humane Society of Polk County, and all associated persons are not responsible for theft or damage to dogs, people or their property.

I/We the undersigned recognize that dog related activities are sometimes dangerous, that dog have teeth and sometimes use them, that accidents involving dogs do occur, that the condition of the land is often hazardous, and the footing is rarely perfect. In light of this knowledge, I/We take full responsibility for all harm that comes to me/ourselves and my/our dog(s), and all of my/our associates. With full knowledge, I/we release Diann Andress, Lucky Dog Canine Training, Humane Society of Polk County, Polk State College and all associated persons from any and all responsibility for accidents, injuries, damage or theft.

If I/we co-own this dog with another person or persons, I/we bind them to this contract with my/our signature, I/we am aware that Diann Andress gives advice on how to train in these classes, but I/we assume the responsibility to do only as much as I/we and my/our dog(s) are capable of. I/we assume responsibility TO and FOR my/our dog(s).

If you do not understand this release, do not sign it. By signing this document, you acknowledge that you fully understand its contents. If you are under age 18, a parent or legal guardian must sign this form.

Participant _____ Date _____

Legal Guardian (if under 18) _____ Date _____

Office Use Only: Received: _____ Registration form _____ Payment _____ Vaccination records
Confirmed by _____ phone _____ Email _____ Date _____