



**Four Paws Dog Training**  
 "Catch them Being Good"  
*Debra Duwe, MA KPA-CTP*  
 208-640-9551 [www.fourpawsdogtraining.com](http://www.fourpawsdogtraining.com)

Owner's Name:	Address:
Home Phone:	Cell:
Email:	

Dog's Name:	Breed:
Weight:	Color:
Male                      Female	Neutered                      Spayed
Birthdate:	
<b>Vaccinations:</b> Rabies:	Distemper:
Parvo-Virus:	Bordetella:
Medications:	
Micro-chipped:    Yes            No	

**Medical Emergency Information**

Vet's Name:	Phone:
Address:	City:

Health Issues: Illnesses, allergies, chronic conditions

Pet History and Experiences	YES	NO	If yes, please describe
Does your dog have issues with personal space?			
Does your dog have issues with other dogs?			
Touching on body.			
Men			
Loud noises			
Sudden movements			
Has your pet ever bitten a person, pet or animal?			
Has your pet been bitten or attacked by another pet?			
Is your dog "mouthy"?			

Name 3 behaviors that you would like your dog to learn. (Or issues to work on)

- 1.
- 2.
- 3.

Long-term goal:

Please describe any other issues: (health or behavioral)



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**RELEASE FORM**

1. I (we) understand the enrollment fee is not refundable. Every effort will be made to complete the sessions paid for based on instructor's schedule and the schedule of sessions/classes. This can include fee applying to a future session or class. Please contact instructor at least 24 hours in advance if you need to cancel. Cancellation fee of 50% of session rate may apply if traveling has occurred.
2. I understand that occasionally photos or video footage may be taken during classes or sessions and **I grant Four Paws Dog Training permission** for any resulting photos or videos of my animal to be used for advertising or educational materials, understanding that the photo or video are the sole property of Four Paws Dog Training. **Check YES \_\_\_\_\_ or NO \_\_\_\_\_ to confirm.**
3. I (we) attest that this dog is current on vaccinations and is examined regularly by a licensed veterinarian, and have reviewed our dog's vaccination records with our veterinarian who has deemed our dog's level of immunity sufficient to attend a group class or has no communicable diseases that might affect or be carried to a person or other animal.
4. I (we) personally assume all responsibility or liability for this dog and its' behavior. I agree to hold harmless FOUR PAWS DOG TRAINING, its' instructors, contractors or employees, from any claim for loss or injury to person or thing due to negligence or any reason while in or upon the class premises or grounds or near any entrance to those grounds or premises. THIS pertains to current and or any FUTURE CLASSES at Four Paws Dog Training.
5. I (we) personally assume all responsibility or liability for this dog and its' behavior during in-home training by Four Paws Dog Training. I will provide a safe environment for instructor to work in. If the training environment is not safe to work in, Four Paws Dog Training can decline services or look for a more appropriate environment.
6. I (we) understand that Four Paws Dog Training is based on positive and commonly accepted training techniques and I (we) personally accept responsibility for the application and use of those techniques as I (we) practice with and train this dog in class, in public and in our home.
7. I understand that these agreements apply to all teaching formats: in-person, on-line training or group classes.

**I have read and agree to the above terms.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_