

# **CANADA'S CANINE ACADEMY**

**12C-360 Keewatin Street**

**697-4881**

**ccaruff@shaw.ca**

## **REGISTRATION FORM**

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Office use: Day Care days:    Mon    Tues    Wed    Thur    Fri

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*Please fill out this form carefully and thoroughly. Thank you!*

### **Personal Information**

***Please PRINT. Thank you!***

Owner Name:

Telephone Home:

Address:

Telephone Work:

City:

Prov:

Telephone Other:

Postal Code

### **Canine Information:**

Dog's Name:

Dog's Breed/Cross/Mix:

Dog's Gender:    M    F

Dog's Age:

Is your dog spayed or neutered?

How is your dog with cats?    Good    Unknown    Aggressive

Please circle your dog's general activity level:    very low    low    average    high    very high    excessive

### **Relation to Other Canines/Animals:**

How does your dog react to seeing another dog?

Does your dog play off-leash with other dogs?    Y    N    If yes, please describe:

Has your dog bitten another dog?    Y    N    # of punctures:                      #of stitches:                      # of vet visits:

### **Relations to Humans:**

Does your dog dislike certain people? ie, children? Please explain:

Has your dog bitten a human?    Y    N    # of punctures:                      # of stitches                      # of medical attention visits:

Please describe:

:

### **Training:**

Collars used by you (please check all that apply):

Buckle Collar, Nylon or Leather

Prong/Pinch Collar

Chain Training Collar

Martingale/Greyhound/Premier-style Collar

Body Harness

Head Harness

Other (Please specify):

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

No training

Basic Obedience Class

Trained yourself

Beyond Basic Obedience

Clicker trained

Puppy

Other

Which cues/commands does your dog know, and how well? (P/Perfect, OK, NW/Needs work):

Sit      Heel      Down      Come      Other (Please specify):

## **Phobia's/Handling Issues:**

Is your dog sensitive about any body part? (I.e. tail touched, paws touched, etc.):    Y    N    If yes, please describe:

## **Medical:**

Veterinarian's Clinic:

Name of Veterinarian:

Clinic's Telephone Number:

Clinic's Address:

City:

PC:

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

Does your dog have any current medical conditions?    Y    N    If yes, please specify

Is your dog currently taking medications?    Y    N    If yes, please specify:

Is or has your dog ever been on Behaviour Modification medications?

If yes, please specify type:

Length of time:

Dosage:

Date of last Rabies Vaccine:

Please specify:

1-Year Vaccine

3-Year Vaccine

***Hereby give permission Canada's Canine Academy to phone my Veterinarian's clinic to verify my dog's vaccination status (D H L L P - C, Rabies, Titers) (Please Initial): \_\_\_\_\_***

***I hereby give permission to Canada's Canine Academy to discuss, if necessary, my dog's behavior with my Veterinarian. (Please Initial): \_\_\_\_\_***

Trainer reserves the right to refuse day care 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 Canada's Canine Academy and Dawn Piche, CPDT 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 by Canada's Canine Academy and Dawn Piche CPDT or resulting from counseling, instruction, or advice supplied to owner of dog.

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 Canada's Canine Academy and Dawn Piche CPDT 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 Canada's Canine Academy and Dawn Piche CPDT and any referring organization and other participants without any liability whatsoever on Canada's Canine Academy and Dawn Piche CPDT 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 Canada's Canine Academy permanently cancels daycare. No refund if owner misses or drops out of daycare unless with written recommendation of a certified veterinarian. No pro-rates given for missed daycare days. This can be discussed at the discretion of Canada's Canine Academy and Dawn Piche CPDT.

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

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