

## Real Results Dog Training Client Application

Owner Name: \_\_\_\_\_ Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name and Phone: \_\_\_\_\_

### Dog Information:

Dog Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Weight: \_\_\_\_\_

Is your dog Spayed/Neutered? (Yes/No) \_\_\_\_\_ Is your dog crate trained?: \_\_\_\_\_

What is your Date/Timeframe you would like to start training and availability for us to pick up your dog and do your consults? Daytime, evenings, weekends?:

\_\_\_\_\_

How Often Does Your Dog Eat and How Much? (Cups), Also any Additional Notes on Food Routine (eats in crate, sits for food, any food allergies? Type of treats, etc.):

\_\_\_\_\_

\_\_\_\_\_

Do you have a fenced in yard?: \_\_\_\_\_

Where Is the Dog Kept When Alone/Unsupervised?: \_\_\_\_\_

Your Home and Work Routine (briefly):

\_\_\_\_\_

\_\_\_\_\_

Is your Dog Housetrained? If so, how reliable? Explain:

\_\_\_\_\_

\_\_\_\_\_

How does your dog do with other dogs/kids and cats/small animals?:

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Does your dog live with kids?: \_\_\_\_\_

How often do you have guests over to your home?: \_\_\_\_\_

What is Your dog's energy level? and What kind of activities do you currently do with your dog on a regular basis and how often per day or week? (leisurely walks, fetch, couch cuddling, long walks, runs, dog park, hikes, dog sports, etc.):

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Your Training Goals and Additional notes for Trainer:

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Where did you get your dog?: \_\_\_\_\_

How long have you had your dog?: \_\_\_\_\_

**Vet Organization Name:** \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Vet Phone Number: \_\_\_\_\_

Date of Last Rabies Shot: \_\_\_\_\_ Date of Last DHLPP Vaccine: \_\_\_\_\_

Date of Last Heartworm Prevention and Flea Prevention Medicine: \_\_\_\_\_

Is your dog on any medications currently? If yes, provide name and dispensing instructions:

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I authorize Real Results Dog Training of Raleigh to dispense medications as directed above: (Yes/No) \_\_\_\_\_

I authorize Real Results Dog Training of Raleigh to take my pet to the above named veterinarian for veterinary care if, in her opinion, care is needed and I will be responsible for payment for treatment. If it is an immediate emergency and my regular clinic is not open or it is a matter of life or death of the pet, I give Real Results Dog Training of Raleigh the authority to take my pet to the nearest emergency clinic and I assume all financial responsibility for any bills incurred up to the amount authorized below. I also understand that Dawn Clement will be released from all liability related to the treatment, expense or loss of my pet:  
(Yes/No) \_\_\_\_\_

I authorize Real Results Dog Training of Raleigh to approve treatment up to:  
(provide \$ amount): \$\_\_\_\_\_

I understand that training is not without risk to my dog. I hereby waive and release Real Results Dog Training of Raleigh, employees, owners, members, contractors, and agents from any injury or damage resulting from the action of the dog, and I expressly assume the risk of any such damage or injury while attending any training session, or while on the training grounds or the surrounding area thereto. In consideration of and as inducement to the acceptance of my application for training I hereby agree to indemnify and hold harmless Real Results Dog Training of Raleigh, employees, members, contractors, agents from any and all claims, or claims by any member of my family or any other person accompanying me to any training session or while on the grounds or surrounding area thereto as a result of any action of any dog, including my own. If agree, please sign below.

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