

CLIENT INFORMATION FORM and WAIVER



OWNER INFORMATION									
Name:						Referred by:			
Home Phone:						Mobile Phone:			
Address:						City:			
Email:						State:		Zip:	
Names & Ages of people living in the home:									
Preferred method of contact (check one):					Email		Phone		Text
DOG INFORMATION									
Name:					Breed:				
Sex:		Spay/Neuter: (check one)		Y	N	Age / DOB:			
Weight / Size:					How long have you owned the dog:				
List all other animals in the house (name, species, age sex):									
BEHAVIOR									
Main issue you would like to address:									
How long has your dog been exhibiting this behavior? Have you tried to address this behavior with training in the past and if so, what was the result?									

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Does your dog have a history of aggression or has it ever bitten another dog / human? Please be specific.

What training has your dog had (check all that apply):

None	Trained at Home	Attended Class	Private Training
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What is the goal in training your dog?

What is your availability for a training session?	Daytime	Evening	Weekend
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CLIENT NOTES

LIABILTY WAIVER

Active Paws, LLC will endeavor to create as safe an environment as possible for the training of my dog and will offer only sound, safe and responsible training and training instruction. However, I recognize that Active Paws, LLC is not responsible for any unintentional errors, omissions, or incorrect assertions. I understand that the recommendation of any other product or service is not a guarantee of my satisfaction with that product or service. Further, I am, and will remain, responsible for the actions of my dog at all times. I hereby agree to indemnify and hold harmless Active Paws, LLC of any and all claims of injury, expense, costs or damages caused by the actions of my dog while under Active Paws, LLC instruction or control and under my own care as a result of following training instruction. I have been told by Active Paws, LLC and understand the inherent risks of owning a dog, including but not limited to the risk of dog bites to me or others.

_____ (initial)

Client Signature *	Date	Trainer Name	Date

* If typed, this digital signature is in lieu of an original signature and has the same force and effect as if it was original signature