



Questionnaire: Please complete and sign.

Date: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Name of Dog: _____ Birthdate: _____

Weight : _____ Breed: _____

How Long have you had your dog: _____

Skills to date: _____

Are vaccinations up to date?: _____

Health Issues: _____

Meds: _____

Food: Type: _____ Brand: _____ How often: _____

Sensitivities/Allergies _____

Other Animals in house: _____

Children: Name _____

Age _____

I, the undersigned, commission Dogs Love 2 Train LLC to train my canine and our children how to train canine manners. I hereby accept and assume, without reservation, all risks and dangers associated with my participation in the sessions, including, but not limited to the risks of any and all injuries to myself, my dog and any of my family members or third parties who may attend; the risks that my dog may cause injury to other persons and/or dogs involved in the sessions. My dog is current with all appropriate vaccines and is in good health. I hereby consent that my dog may be the subject of photographs, television, video, or other similar media. I hereby release Dogs Love 2 Train LLC and Cora Ciaffone, CPDT-KA and Trinity Christian School from any and all claims for damages for injury, libel, slander, invasion of privacy or any other claim based on use of the above-described material(s). This Waiver of Liability and Informed Consent Release shall be legally binding.

Please Print your Name: _____

Please

Sign: _____ Date: _____