

Office will fill out blanks in THIS box:

Name of Class: ..... Day of Wk ..... Time .....:..... Color Code ( )

Start Date ...../...../09 End Date ...../...../09 Attendance: 1 2 3 4 5 6 7 8

Equip Loan ..... Vet Tuition GL Video

## Student Profile Form

Legacy Canine Behavior & Training, Inc. P.O. Box 3909 Sequim, Wa 98382  
Ph/Fax 360-683-1522, www.legacycanine.com

Your Name \_\_\_\_\_ Dog's Name \_\_\_\_\_

Your Address \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone # \_\_\_\_\_ Night Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

VERY IMPORTANT: Email \_\_\_\_\_

Dog's Breed Type \_\_\_\_\_ Dog's Age \_\_\_\_\_ Dog's Sex \_\_\_\_\_

Your Vet's Name \_\_\_\_\_ Has dog been neutered? \_\_\_\_\_ When? \_\_\_\_\_

Does your DOG have physical limitations or medical problems? Y / N What? \_\_\_\_\_

Is the dog on medication now? Y / N What? \_\_\_\_\_

Do YOU have a physical limitation we should allow for in class? Y / N What? \_\_\_\_\_

List other family members including pets: \_\_\_\_\_

Dog was acquired from (circle): PET SHOP SHELTER BREEDER OTHER \_\_\_\_\_

Age of dog when acquired \_\_\_\_\_ How long have you had this dog? \_\_\_\_\_

Have you attended an obedience class before with any dog? When/Where: \_\_\_\_\_

What did you like most about that class? \_\_\_\_\_

What do you want to accomplish in this class? 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

List cues (commands) your dog reliably obeys: \_\_\_\_\_

Approximate % of time dog is: Inside \_\_\_\_\_%, Outside \_\_\_\_\_%, Without humans \_\_\_\_\_%, Tied \_\_\_\_\_%

About how many minutes a day do you: Walk your dog on leash - \_\_\_\_\_mins, Play with your dog - \_\_\_\_\_mins,

If you've had previous dogs: What did you like about them? \_\_\_\_\_

What you like least about them? \_\_\_\_\_

What do you like best about THIS dog? \_\_\_\_\_

What concerns you most about your relationship with THIS dog? \_\_\_\_\_

How often, when and what does your dog eat? \_\_\_\_\_

Does your dog have a food allergy? Y / N Please explain \_\_\_\_\_

Circle traits which apply to your dog:

- |                                  |                    |                    |                  |
|----------------------------------|--------------------|--------------------|------------------|
| GROWLS                           | SHY                | FEARFUL            | GUARDS FOOD/     |
| TOYS                             |                    |                    |                  |
| PUSHY                            | BITES              | DESTRUCTIVE        | MOUTHY           |
| EXCESSIVE ENERGY                 | DOMINANT           | AGGRESSIVE         | NOISY            |
| TOO ATTACHED TO ME               | WON'T LISTEN TO ME | NOT GOOD W/ PEOPLE | NOT GOOD W/ DOGS |
| URINE MARKS                      | OTHER .....        | OTHER .....        | OTHER .....      |
| NONE OF THESE TRAITS APPLY _____ |                    |                    |                  |

Briefly explain each trait circled.....

Anything else we should know about your dog? .....

**PLEASE READ AND SIGN THE FOLLOWING**

**General Agreement:** In consideration of the acceptance of this registration, and the holding of classes, and the opportunity to have the dog participate, I agree to hold Legacy Canine Behavior and Training, Terry and Bill Ryan and their head trainers and assistants, the premises upon which the classes are to be held and their employees and their assistants, harmless from any claim for the loss or injury which may be alleged to have been caused directly, or indirectly to any person or thing by any act of dog or person while in or upon the premises or grounds or near any entrance thereto. I personally assume all responsibility and liability for any such claim. I further agree to hold the aforementioned parties harmless from any claim of loss of this dog by disappearance, theft, death or injury to be caused or alleged to be caused by the negligence of the parties aforementioned, or by the negligence of any other person or any other cause or causes. I hereby assume the sole responsibility for and agree to indemnify and save the aforementioned parties harmless from any and all loss and expenses, including legal fees, by reason of the liability imposed by law upon any of the aforementioned parties for damage and expenses. **Photo/E-Mail Release:** Signature on this form allows Legacy to use class videos and photos for educational purposes, for example slides and website, and to contact student via e-mail to announce Legacy activities unless stated otherwise. **Class Fees are Non-Refundable and Non-Transferrable**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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Lof P Pass PersBestRpt Postcard FAQ Follow-up .....

Notes: .....

..... Instructor ..... Asst .....