

1	2	3	4	5	6	7	8
9	10	11	12	13	14	15	16

Canine Liaisons

(215) 802-6023

Intake and Evaluation

Date _____ Name (Last/First) _____

Address _____

City / State _____ Zip _____

Home# _____ Work# _____ Cell# _____

E-Mail _____ @ _____

Dogs Name _____ Breed _____ M / F Neutered? Y / N

Dogs Age _____ Age When Obtained _____ Place Obtained _____

Previous History (if known) _____

Veterinarian _____ Last Rabies Booster Date _____

Brief Medical History _____

Names of other people in household _____

List of other pets in household _____

Check the current behaviors:

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Jumps on people <input type="checkbox"/> Nipping <input type="checkbox"/> Biting clothes <input type="checkbox"/> Bites hands <input type="checkbox"/> Wild in house <input type="checkbox"/> Jumps on furniture <input type="checkbox"/> Steals objects <input type="checkbox"/> Steals foods <input type="checkbox"/> Bolts out doors <input type="checkbox"/> Runs away <input type="checkbox"/> Barks at owner <input type="checkbox"/> Barks excessively <input type="checkbox"/> Urinates in house <input type="checkbox"/> Won't eat dog food <input type="checkbox"/> Digging indoors <input type="checkbox"/> Digging outdoors <input type="checkbox"/> Hides <input type="checkbox"/> Stares at objects | <ul style="list-style-type: none"> <input type="checkbox"/> Shy / fearful <input type="checkbox"/> Leans on owner <input type="checkbox"/> Lays on owner <input type="checkbox"/> Jumps on owner <input type="checkbox"/> Leans on legs <input type="checkbox"/> Lays on feet <input type="checkbox"/> Paws at owner <input type="checkbox"/> Mounts owner <input type="checkbox"/> Mounts objects <input type="checkbox"/> Urinates on where
owner sits or on beds <input type="checkbox"/> Eats stool <input type="checkbox"/> Chews on self <input type="checkbox"/> Has poor appetite <input type="checkbox"/> Gets out of kennel <input type="checkbox"/> Escapes yard <input type="checkbox"/> Wanders <input type="checkbox"/> Aggressive at fence | <ul style="list-style-type: none"> <input type="checkbox"/> Obsessive <input type="checkbox"/> Shreds mail <input type="checkbox"/> Chases cats <input type="checkbox"/> Guards food <input type="checkbox"/> Guards toys <input type="checkbox"/> Guards food bowl <input type="checkbox"/> Chases shadows <input type="checkbox"/> Growls at owner <input type="checkbox"/> Plays with food <input type="checkbox"/> Eliminates in crate <input type="checkbox"/> Steals things <input type="checkbox"/> Guards resting area <input type="checkbox"/> Possessive <ul style="list-style-type: none"> Objects _____ Food _____ Other _____ <input type="checkbox"/> Aggressive towards <ul style="list-style-type: none"> Other dogs _____ Children _____ Strangers _____ |
|---|--|---|
- Other / explain: _____

Why do you have a dog (please explain)? _____

What attempts have you made to correct these behaviors before today? (List methods, trainers, medications, equipment, schools, behaviorists) Please be specific: _____

Please list the problems you would like resolved: _____

Whom should we thank for referring you and your dog to Canine Liaisons:

- | | | |
|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Veterinarian | <input type="checkbox"/> Phonebook | <input type="checkbox"/> Groomer |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Dog Trainer | Name: _____ |
| Name: _____ | Name: _____ | <input type="checkbox"/> Behaviorist |
| <input type="checkbox"/> Other (Name) _____ | | Name: _____ |

Training Agreement

I, _____, fully understand that I am being trained to train my dog and that without 100% cooperation with the Canine Liaisons training consultant, optimal results will not be achieved. I understand that I will be expected to teach or handle my dog(s) 7 to 14 times a week to reinforce behaviors, techniques, and management of interactions taught by the Canine Liaisons training consultant. I understand that everything taught by the training consultant is a concept that should remain and be consistently reinforced for the life of the dog. As the owner/agent of this dog I am committed to adhering to the training program and agree to complete all assignments given by the trainer. If I fail to do so it will be considered a breach of contract by myself. **INITIAL** _____

I understand that cancellation of appointments or classes made by myself will not be refunded. Two make up classes or private lessons will be granted. Any cancellations thereafter will result in the loss of those appointments. Any cancellations with less than 24 hour notice will be lost and not refunded. I understand that if I am not home within 10 minutes after a scheduled in-home appointment time, I will lose that lesson with no refund or make up lesson. Canine Liaisons reserves the right to reschedule any appointment or group class. All in-home sessions are scheduled with a one hour window for the trainer's arrival allowing time for unexpected delays in travel. I fully agree to stay in contact with Canine Liaisons for scheduling purposes and acknowledge that if I fail to contact the trainer any remaining lessons will be lost with no refund. This will be effective exactly 6 months after the first day of training. On average the trainer's availability for rescheduling varies from 1 to 2 weeks, Canine Liaisons cannot guarantee scheduling or rescheduling availability as it fluctuates due to many hardship factors. Time extensions on training packages may be granted under special arrangements. Refunds will *not* be given if the owner loses, abandons, gives away, sells, turns over to a rescue or shelter or euthanasia the dog being trained. **When starting any in-home or group training program no refunds will be given after the first date of training without exception.** **INITIAL** _____

I agree to hold Canine Liaisons, Jean L. Tomaselli and/or any associates harmless for sickness or damage to my dog in any way during or after training occurs. I agree that the dog(s) that I am training and its actions are my responsibility both during and after training occurs. I agree to indemnify and hold harmless Canine Liaisons, Jean L. Tomaselli or any associates from any and all claims. This includes sickness or damage to people or properties at any time during or after training at anytime, now or in the future, including but not limited to bites, injures or death of any person, third party or animal. **I agree to assume full legal financial responsibility for my dog if it ever bites, injures, or causes death of person or animal.** **INITIAL** _____

As the legal owner/agent of the dog(s) having carefully read and fully understanding this agreement I agree to all of the aforementioned terms and conditions and do hereby waive and release Canine Liaisons, Jean L. Tomaselli, or any associate trainers from any and all liability of any nature.

Signature of owner/agent _____ Date _____

Witness _____ Date _____