

Elm Point Animal Hospital

Dog Obedience Program

Name: _____ Date: _____

Mailing Address: _____

Primary Phone: _____ Secondary Phone: _____

E-Mail: _____

Dog's Name: _____ Breed: _____ Sex _____ Altered? Y/N

DOB: _____ Acquired Animal From: _____ When? _____

Veterinarian: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Current Vaccines are required for your pet to participate in Elm Point Animal Hospital's Training Program. It is the owner's responsibility to have appropriate vaccinations administered to the dog to protect his/her from any disease potentially transmitted in the boarding, training, and socializing setting.

Required Vaccinations:

- Distemper
- Bordetella
- Flu
- Rabies (if old enough)

Does your dog interact well with other dogs? (Y N) Does your dog interact well with people outside of home? (Y N)

If no, please explain: _____

What concerns are you having with your dog? *Please list in order of how you would like them prioritized.*

Please list any/all training that you have done with your dog so far?

Please list any food allergies that your dog may have: _____

Sign: _____ Date: _____

(If a minor, a parent or legal guardian must sign.)

Elm Point Animal Hospital

Dog Training Program - Waiver and Agreement

I understand that participation in Elm Point Animal Hospital Training Program which include: Group Classes, Private Sessions, Seminars, and Special Events are not without some risk. By signing hereunder, I certify that I have been informed and understand that there is always some unavoidable risk of injury involved when working with animals, especially animals with behavioral issues. I acknowledge that dogs can be inherently difficult to control and that not all dogs will be under control at all times resulting in the possibility of injury to me, my dog, my family members, or third parties. By signing below, I assume any and all risks that may occur by my participation in the Elm Point Animal Hospital Training Program. I hereby waive the responsibilities and release Elm Point Animal Hospital, its employees, and its affiliates from any claims which may occur on Elm Point Animal Hospital property or surrounding areas resulting from participation in Elm Point Animal Hospital Training Program. I agree to assume fees/medical expenses related to any injury or damage resulting from or cautions by the action of dog(s).

Sign: _____ Date: _____

Print Name: _____

(If a minor, a parent or legal guardian must sign.)

For Elm Point Animal Hospital's Evening Class Training Program:

I have received, read, and understand the rules in place for the Evening Class Program.

Sign: _____ Date: _____

(If a minor, a parent or legal guardian must sign.)

Additional Information for Elm Point's Day-Training Program

◆ Does your pet tear up/eat bedding/toys? YES / NO

◆ Does your pet display aggressive behaviors toward other pets? YES / NO

◆ Does your pet need fed during their stay? YES / NO

What food? Hospital Food Pet's Own Food

How much? _____

Times of day: Morning Midday Evening

◆ Medications/ Treatments/ Special Accommodations ◆

(There is an additional medicating fee)

Does your pet require medication or treatment while boarding? **YES** or **NO**

1) Medication Name _____ How Much/Often _____

It is the nature of emergency medicine that situations which cannot be predicted and which requires emergency treatment may arise. In those situations, treatment often must be initiated immediately and without the veterinarian having the time to contact the owner. Because of this we require all owners to state their wishes with regard the options below:

() I wish for CPR to be performed on my pet if they suffer from cardiac or respiratory arrest. I understand my pet may pass away despite CPR. I understand the initial fee for CPR is between \$100 to \$300 dollars.

() **I DO NOT** want CPR to be performed by the medical staff on my pet. I understand if my pet goes into cardiac arrest my pet will pass away without CPR.

Sign: _____ Date: _____

(If a minor, a parent or legal guardian must sign.)