

Your Dog's Friend / Right Start Maryland Reactive Dog Class Application

Please use additional space if needed.

Owner's Name _____ Phone _____

Address _____

Phone #s _____

E-mail _____

Dog's Name _____ Breed or Breed Mix _____

Sex _____ Spayed/Neutered? _____ Age _____ Approximate Weight _____

Where did you get your dog? _____

How long have you had your dog? _____

Are there other dogs in the household? _____

If yes, please list below their breed, age, sex and whether or not they are spayed/neutered.

Do you have children? _____ What ages? _____

1) When ON LEASH, what is the nature of your dog's reactivity and when does it occur?

2) When OFF LEASH, what is the nature of your dog's reactivity and when does it occur?

3) What have you done so far to deal with your dog's reactivity?

4) What equipment have you tried? Are you using anything currently? By equipment, we mean head collars (like Gentle Leaders or Haltis), no-pull harnesses with the ring in the front (like Easy Walk or Sensation), muzzles, choke (sometimes also called slip or training), prong or electric collars?

5) Does your dog play with other dogs? _____

Where? _____

Comments:

6) Has your dog ever been in a dog fight? _____ How old was your dog? _____

Please describe the fight below.

Was either dog hurt? _____

Please describe the injuries. _____

Did either dog go to the vet? _____

7) What does your dog do when he or she sees or meets a stranger?

8) Has your dog ever bitten a person? _____

Did the bite break the skin? _____

Did the person see a doctor as a result of the bite? _____

Please describe the incident.

9) Have you and your dog taken classes or worked with a private trainer before? _____

If so, please list the instructor, which classes were taken, where and when.

10) Please tell us anything else you think we should know.

11) How did you hear about this class? _____

To Register

Complete and sign this form, enclose a \$250 check made payable to Your Dog's Friend, and mail to:

Your Dog's Friend
11401 South Glen Road, Potomac, MD 20854

Remember:

- Paid pre-registration is required to reserve a place in the class.
- Send or bring to the first class a completed Health & Vaccinations Form and a signed Dogtopia Waiver Form.
- Do not bring your dog until you are asked to do so by your instructor.

Waiver

I have read and agree to abide by the rules as set forth in the Class Information form provided by Your Dog's Friend. I understand failure to do so may result in removal from the class without refund. I understand that attendance of a dog training class is not without risk to myself, my dog, members of my family or guests that may attend. I agree to release and hold Your Dog's Friend, its instructors and teaching assistants, the National Lutheran Home (9701 Veirs Drive, Rockville, MD 20850), and their respective officers, directors, employees, and residents harmless of any liability arising from this training activity and/or information or consultation provided by Your Dog's Friend. I expressly assume the risk of damage or injury therefrom.

Signature of Student _____ Date _____

Signed _____

Your Dog's Friend is a 501c3 **non-profit organization** whose goal is to help keep dogs out of shelters by educating and supporting dog owners.

