

Learning Pawsibilities (LP)

Training Contract

Group Class () Board & Train () Private () Other ()
Class Name / Primary Focus: _____

Trainer: _____

Date: _____

*****Vaccines must be turned into LP at least 72 hours prior to start of class*****

Owner Information

Last Name: _____ First Name: _____ Spouse: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Cell: _____ Alt #: _____

Household: Adults: _____ Children: _____ Ages: _____ Pets: _____ Kinds: _____

Are there any health issues? Yes () No () Explain: _____

Dog Information

Dog Name: _____ Breed: _____ Birthday: _____

Male () Female () Altered: Yes () No () Color: _____ Sleep Indoor: Yes () No ()

Are there any health issues? Yes () No () Explain: _____

Most of time spent during the day: Inside () Outside () Yard Fenced: Yes () No () Hrs: _____

Is a crate used: Yes () No () When: _____ Dog Housebroken? Yes () No ()

Likes: _____ Dislikes: _____

Games: _____

Toys: _____

Activities: _____

People: _____

Food: _____

Please circle the following that apply to your dog:

When your dog is around another dog, it is: Pushy Aggressive Fearful Shy Playful

When your dog is around other people, it is: Pushy Aggressive Fearful Shy Playful

Has your dog ever growled at anyone? Yes () No () Ever bitten anyone? Yes () No ()

Training Goals

Goals or concerns about this dog: _____

Age when problem started: _____ What triggers this behavior: _____

Check if dog already knows: Sit () Stay () Down () Place () Recall () Other: _____

Please prioritize 5 of the following behaviors you would like us to work on. 1= Highest 5= Lowest

____ Sit ____ Down ____ Stay ____ Recall ____ Jumping ____ Pulling on leash

____ Mouthing ____ Excessive barking ____ Destructive chewing ____ Lunging at people/dogs

Has this dog has any formal training? Yes () No () Type of collar used: _____

Trainer Notes: _____

LP professional trainers work diligently to assist pet owners in their efforts to achieve the desired behaviors for each pet. We can only train, coach and assist in this endeavor and are unable to guarantee a specific behavior change in limited time. By signing below, I hereby agree to release, discharge and/or hold LP and/or their associates harmless from any and all claims, causes of action or demands by any reason of the use of facilities and/or participation of programs sponsored by LP.

Owner Signature: _____ Date: _____