

- Avi BAC & KK
- Outlook

**Preferred Day:**  
 Tuesday  Wednesday

# KLONDIKE CANINE ACADEMY

## CANINE COMPANION CLICKER COURSE

*Please make checks payable to KLONDIKE KENNELS  
 Fax: 765-463-3112*

- Interested in other KCA offerings?**
- Playgroups (off leash dog play)
  - Therapy Workshops
  - Other \_\_\_\_\_

**Dog's Name:** \_\_\_\_\_  
 Your Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone - Day: \_\_\_\_\_ Night: \_\_\_\_\_

**Dog Information:**

Breed: \_\_\_\_\_ Age: \_\_\_\_\_  
 Sex:  Male  Female Spayed/Neutered?  Yes  No  Not Yet  
 Veterinarian / Clinic Name \_\_\_\_\_  
 May we contact your veterinarian to acquire proof of vaccination for your pet?  Yes  No

**Goals:**

What would you like to accomplish by bringing your dog to the Canine Companion Class?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

- How did you hear about Klondike Canine Academy? (Check all that apply)**
- I'm a current client
  - My Veterinarian
  - Someone referred me
  - Other (specify) \_\_\_\_\_
  - Pet Store
  - Groomer
  - Facebook
  - Telephone Book
  - Newspaper
  - Breeder
  - Web Page

Name(s) of those who referred you: \_\_\_\_\_

<b>OFFICE USE ONLY – DO NOT FILL IN</b>				Received on: _____ <input type="checkbox"/> Referral Thank You				
Vx: Rabies _____ DAPP _____ Lepto _____ Bord _____ HWT _____ Fecal _____								
Paid	Supplies	Orientation	Class 1	Class 2	Class 3	Class 4	Class 5	Class 6
<b>NOTES:</b>								
_____								
_____								
_____								
_____								
_____								
_____								
_____								
_____								
_____								
_____								
<input type="checkbox"/> BAC <input type="checkbox"/> Other				Year _____				

**Additional Information:**

Dog was acquired from: \_\_\_\_\_

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

Has this dog ever attended a training class?  Yes  No If so, where? \_\_\_\_\_

What do you like most about this dog?  
\_\_\_\_\_  
\_\_\_\_\_

What concerns you most about this dog’s behavior?  
\_\_\_\_\_  
\_\_\_\_\_

Please check all behaviors that you are concerned with:

- |   |  |
|---|--|
| <input type="checkbox"/> Barking              | <input type="checkbox"/> Shy/Nervous/Fearful                   |
| <input type="checkbox"/> Jumps up on people   | <input type="checkbox"/> Destructive chewing                   |
| <input type="checkbox"/> Eliminates indoors   | <input type="checkbox"/> Does not listen to me                 |
| <input type="checkbox"/> Pulls on leash       | <input type="checkbox"/> Growls if try to take a chew/toy away |
| <input type="checkbox"/> Aggressive to humans | <input type="checkbox"/> Aggressive to dogs                    |
| <input type="checkbox"/> Aggressive to cats   | <input type="checkbox"/> Other: _____                          |

Has your dog ever shown any behaviors such as baring teeth, growling, or snapping toward:  
Adults?  Yes  No Children?  Yes  No Another Pet/Animal?  Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

**INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

I, the undersigned, in consideration of my participation in the Klondike Canine Academy training classes which will be conducted at Klondike Kennels and/or Klondike Canine Recreation and Sports Park, do hereby agree to indemnify and hold harmless Blair Animal Clinic, PC and Klondike Kennels, Inc., their officers, agents and employees, volunteers and students, from and against any losses, costs, damages and expenses, including attorney’s fees, arising out of or resulting from claims or suits, by or on behalf of any person, for any injury to me, a member or my family and any guest invited by me who is permitted to attend such training classes, and/or any injury to my dog, of whatever cause or nature, arising out of my participation in said training classes and related activities whether or not such injuries are caused in whole or in part by negligence or other fault of Blair Animal Clinic, PC and Klondike Kennels, Inc., their officers, agents and employees, volunteers and students.

I, the undersigned, represent that I am at least eighteen (18) years of age, understand the obligations I am undertaking by this Agreement, and am executing this Agreement freely and voluntarily.

**REFUND POLICY**

**Full payment is required at time of registration.** If you are unable to complete a class due to the enrolled pet suffering an unexpected illness or injury, a credit may be issued at our discretion for any funds not used. Any credit issued will be applied to use for future behavior or training services we offer. All credits are calculated subtracting the cost of supplies and the per session fee for each session attended. **We regret that no credits or refunds can be provided for any other reason.**

**PHOTO/VIDEO/EMAIL RELEASE**

By signing below I agree to allow KCA to use class video and photos for educational or training purposes, (for example slides, videos, and/or website) and to be contacted via email to announce KCA activities unless stated otherwise. Emails are not sold and are used specifically to announce KCA classes and training events only.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_