

Colorado Dog Works Enrollment Form

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to be notified via email of upcoming classes and dog related events? Y N

How did you hear about us? \_\_\_\_\_

Dogs Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ What age was your dog when you acquired it? \_\_\_\_\_ Sex: M F Spayed/Neutered: Y N

Where did you acquire the dog? \_\_\_\_\_

Who is your veterinarian? \_\_\_\_\_

Have you done any formal training with your dog? If so, describe:

\_\_\_\_\_

What cues/commands does your dog do consistently?

\_\_\_\_\_

What distractions are difficult for your dog?

\_\_\_\_\_

Please list (in order of importance) any problem behaviors that you would like to lessen or go away:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any specific goals or interests that you may have for your dog:

\_\_\_\_\_

*Packages of training sessions do expire. A three pack must be used within 3 months of purchase. A five pack must be used within 6 months of purchase. A ten pack must be used within one year of purchase. Payment in full is required to secure enrollment in all group classes. Refunds are given only if notification of cancellation is received 48 hours prior to the start of scheduled training.*

Please make checks payable to:

Colorado Dog Works

1916 Sheldon Ave.

Colorado Springs, CO 80904

I hereby waive and release Sarah Fricke, Colorado Dog Works LLC, and employees or contractors from any and all liability of any nature, for injury or damage which I or my dog may suffer, including but not limited to, any injury, damage, or death resulting from the action of said dog, or any other dog, and I expressly assume the risk of any such damage or injury while attending any training session with Sarah Fricke and Colorado Dog Works LLC. I hereby agree to indemnify and hold harmless Sarah Fricke and Colorado Dog Works LLC, employees and contractors from any and all claims by any member of my family or any other person accompanying me to any training session or function, as a result of any action by any dog, including my own, or for any other reason.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Private Training Package: Single Session 3 Pack 5 Pack 10 Pack

In Home or CO Dog Works

Group Class: \_\_\_\_\_

Start Date: \_\_\_\_\_