



Judith Bell
321 High School Rd
STE D3 PMB 111
Bainbridge Island WA 98110

Phone: (360) 797-7979
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www.beaujes.com

New Student Application

Name of person(s) training dog

Trainer 1 _____

Trainer 2 _____

Contact information

Address _____

City _____

Zip _____

Home phone _____

Work phone _____

Email _____

Is this your first dog? Yes No

Have you trained before? Yes No

Where? _____

Dog's information

Dog's name _____

Breed _____

Date of birth _____ Age _____

Gender M F Spay/Neutered

Age of Spay/Neuter _____

Age obtained _____

From where _____

How long have you had dog? _____

Veterinary Clinic _____

Veterinarian _____

Last DHPP vaccine _____

Rabies expiration _____

Important information

If your dog has any physical problems, temperament problems or disabilities which may affect training, please tell us about them: _____

If your dog has had any illness or skin disorder in the last 6 months, state the nature of the problem and whether treated by a veterinarian: _____

What kind of food do you feed? Exact brand name and type (canned, dry, etc.). When does your dog eat? _____

What do you hope to accomplish in training your dog? _____

Approx. % of time dog is: Inside ___% Outside ___% W/out humans ___% Tied ___% Crated ___%

About how many minutes a day do you: Walk your dog _____ mins., Play with your dog _____ mins.

What concerns you most about your relationship with THIS dog? _____

Please check all the problems you would like our help with.

- | | | |
|---|--|--|
| <input type="radio"/> Barking | <input type="radio"/> Uncontrollable Behavior | <input type="radio"/> AGGRESSIVE BEHAVIOR |
| <input type="radio"/> Jumping Up | <input type="radio"/> Doesn't come when called | <input type="radio"/> Growls |
| <input type="radio"/> House training | <input type="radio"/> Hyperactive | <input type="radio"/> Nips Children |
| <input type="radio"/> Pulling on leash | <input type="radio"/> Doesn't listen | <input type="radio"/> Nips Adults |
| <input type="radio"/> Shy | <input type="radio"/> Chases _____ | <input type="radio"/> Aggressive biting |
| <input type="radio"/> Destructive chewing | <input type="radio"/> Other _____ | <input type="radio"/> Aggressive to dogs |
| <input type="radio"/> Stealing | <input type="radio"/> Other _____ | <input type="radio"/> Protective of food or toys |

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How did you hear about our classes? Please check all that apply

- Current Trainee
- Former Trainee
- Veterinarian
- Other _____
- Pet Shop
- Groomer
- Breeder
- Telephone Book
- Newspaper Ad
- Webpage

Class selection

- Puppy Kindergarten (6 classes)..... \$150
- Adolescent Puppy (6 weekly classes)..... \$150
- Canine Good Citizen/Therapy Dog (6 weekly classes) \$150
- Tricks and Games (6 weekly classes)..... \$150
- Advanced Training (6 weekly classes) \$150

As a condition to acceptance of this registration, the following agreement must be signed:

WAIVER, ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS

I understand that attendance of a dog training class is not without risk to myself, members of my family or guests who may attend, or my dog, because some of the dogs to which I (we) will be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care.

I hereby waive and release BeauJes Dog Training and Boarding, its employees, owners and agents from any and all liability of any nature for injury or damage which I or my dog may suffer, including specifically, but without limitation, any damage or injury while attending any training sessions or other function of BeauJes Dog Training and Boarding, or while on the training grounds or the surrounding area thereto.

In consideration of and as inducement to the acceptance of my application for training membership in this training class, I hereby agree to indemnify and hold harmless BeauJes Dog Training and Boarding, its employees, owners and agents from any and all claims, or claims by any member of my family or any other person accompanying me to any training session or function of BeauJes Dog Training and Boarding, or while on the grounds or surrounding area thereto as a result of any action by any dog, including my own.

Signature of Owner, or authorized agent

_____ Date _____