

# Happy Hounds

Training  
By...



Date \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Owner Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (Zip)

E-Mail \_\_\_\_\_

Dog #1 (Name) \_\_\_\_\_ Dog #2 (Name) \_\_\_\_\_

Breed \_\_\_\_\_ Breed \_\_\_\_\_

Age \_\_\_\_\_ Prior Training (Y/N) \_\_\_\_\_ Age \_\_\_\_\_ Prior Training (Y/N) \_\_\_\_\_

**Are you experiencing any behavior problems? (check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Chewing       | <input type="checkbox"/> Stealing Food/Trash    |
| <input type="checkbox"/> Digging       | <input type="checkbox"/> Escaping               |
| <input type="checkbox"/> Jumping       | <input type="checkbox"/> Aggression             |
| <input type="checkbox"/> Mouthing      | <input type="checkbox"/> Separation Anxiety     |
| <input type="checkbox"/> Housebreaking | <input type="checkbox"/> Other (describe) _____ |

**What best describes your dogs personality? (check all that apply)**

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Dominant   | <input type="checkbox"/> Aggressive             |
| <input type="checkbox"/> Shy        | <input type="checkbox"/> Excitable              |
| <input type="checkbox"/> Submissive | <input type="checkbox"/> Skittish               |
| <input type="checkbox"/> Friendly   | <input type="checkbox"/> Other (describe) _____ |
| <input type="checkbox"/> Anxious    |   |

This training program is designed to aid the dog and owner to make the dog more obedient and a social member of the family. It will give the owner a clear understanding of techniques designed to teach the dog quickly and help the owner understand how to correct future problems.

A direct result of how quickly the dog learns depends on how well the training instructions are followed.

The owner agrees to accept all responsibility of his/her dog(s) actions and agrees to hold harmless PRO K-9, Happy Hounds, their employees and agents.

The owner agrees to the above terms and conditions and understands that the trainers will reveal unique training techniques and provide written material on the first sessions. No refunds are made because of this.

I have read and fully understand the terms and conditions of this training program as set forth in this agreement and that this agreement supersedes any and all agreements written or verbal.

**TUITION**

Total: \_\_\_\_\_

Dog Owner: \_\_\_\_\_

# Happy Hounds Dog Day Care, L.L.C.

Enrollment Form 3

## Medical Information

Veterinarian's Name: \_\_\_\_\_

Hospital: \_\_\_\_\_

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

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

## Dog Owner Information

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

### Dog Information:

Dog's Name: \_\_\_\_\_ Dog's Sex: M F

Weight: \_\_\_\_\_ Spayed/Neutered? Yes / No

### Dates:

Last Physical Exam \_\_\_\_\_

DHLPPC (or equivalent) \_\_\_\_\_

Rabies Vacc \_\_\_\_\_ 1 yr or 3 yr \_\_\_\_\_

Bordatella \_\_\_\_\_

Heartworm Test \_\_\_\_\_

Heartworm Prevention \_\_\_\_\_

Last Purchase Date \_\_\_\_\_

Flea Prevention \_\_\_\_\_

Last Purchase Date \_\_\_\_\_

Allergies? - \_\_\_\_\_

*The above medical information is true to the best of my knowledge.*

\_\_\_\_\_  
Veterinarian's Signature Date

**Attn: Veterinarian's Office**  
Please FAX form back to  
Happy Hounds at 734-459-  
3647 unless owner is mailing it  
to us. Thank you!..

**In the event of an emergency Happy Hounds Dog Day Care has permission to transport this dog to the above vet (or the closest reliable vet) if necessary.**

Payment arrangements are to be made between owner and veterinarian in advance.

\_\_\_\_\_  
Dog Owner's Signature