

Christi Mckeen  
Canine Training and Activities  
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**EXTENDED  
PLAYGROUP  
APPLICATIO**

**Client Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

E-mail address: \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Adress: \_\_\_\_\_

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

**Dog Information**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Gender:  Male  Female Spayed/Neutered:  Yes  No At Age: \_\_\_\_\_

How old was your dog when first obtained: \_\_\_\_\_ Is this your first dog:  Yes  No

Is your dog house trained:  Yes  No

Where did you get your dog from:  Pet Store  Shelter  Stray  Breeder  Other

Does Your dog have any allergies? yes no Please List: \_\_\_\_\_

Does your dog resource guard? Will she/he bite someone's hand that is close to food bowl, refuse to share toys/bones, not let anyone on furniture? Is this towards people or other pets? \_\_\_\_\_

Does your dog have any aggression toward other animals or people:  Yes  No

If yes, please describe: \_\_\_\_\_

Has your dog ever bitten another dog or human?  Yes  No

Please describe: \_\_\_\_\_

Does your dog get frightened easily:  Yes  No

If yes, please describe circumstances: \_\_\_\_\_

Is there any place your dog does not like to be touched:  Yes  No

Has your dog had any recent issues or illnesses we should know of which may impede playing with other dogs: If yes, please list and describe: \_\_\_\_\_

Has your dog been somewhat isolated from other dogs? Yes No  
Does he/she play with other dogs weekly? Yes No  
Does he/she play rough, prefer to chase/be chased, or enjoy being in the center of every playgroup?

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Does your dog display biases toward intact, specific breed/size, or energetic level of other dogs? Does your dog tolerate other dogs, but not really engage in play? \_\_\_\_\_

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What happens when your dog first meets a new dog? Goes right into play mode? A bit stand offish at first? Can't tolerate younger, more obnoxious dogs in their face? Air snap at disrespectful greeters? Tolerant virtually all other dogs? \_\_\_\_\_

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Do you have any concerns about having your dog in playgroups? Yes No

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Does your dog ride well in the car? Yes No

**I understand that all dogs over the age of 5 months must have all core vaccines (DHLPP), Bordetella (kennel cough) plus Rabies. Puppies under 5 months must have at least two full sets of puppy vaccines. All dogs regardless of age must be on a flea/tick preventative and have a clean fecal yearly. You must provide copies of all vaccines to be kept on file at the studio, every year your dog attends Extended Playgroup.**

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

I (we) hereby waive and release Christi McKeen, her employees, property owners and managers from any and all liability of any nature, for injury or damage resulting from the action of my dog, or any other, and I (we) expressly assume the risk of any such damage or injury while attending any training session or other function of Christi McKeen's, or while on the training grounds, and the surrounding area.

I understand I am solely responsible for any harm the dog(s) may cause to self, trainer, property, other humans or other animals. I understand it is my responsibility to keep my dog(s) under control at all times. I understand all dogs learn at a different rate and that training is an on-going process. I must keep up the training process on my own or dog(s) may revert to previous behavior.

I understand I am responsible for representing dog(s) in a truthful manner, particularly about any dangerous, destructive, or unpredictable behavior, so that the trainer has full knowledge in order to train appropriately. I understand that space is not reserved until services is paid in full at the beginning of each month.

By signing below the client fully understands and agrees to the contents of this application:

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Client's signature

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Date

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If yes, please describe: \_\_\_\_\_

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Please describe: \_\_\_\_\_

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