

Office will fill out blanks in THIS box:

Name of Class: ..... Day of Wk ..... Time .....:..... Instructor: .....

Start Date ...../...../10 End Date ...../ ...../ 10 Attendance: 1 2 3 4 5 6 7

Vaccination record: ..... Deposit pd: ..... Balance paid: ..... Follow Up Survey .....

## Student Profile Form

Mindful Mutt Academy 12512-B W Ken Caryl Avenue, Littleton, CO 80127  
Ph 720-981-PETS cell: 303-900-8790 www.laundurmutt.com

Your Name \_\_\_\_\_ Dog's Name \_\_\_\_\_

Your Address \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone # \_\_\_\_\_ Night Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Do you prefer text messages Yes

**VERY IMPORTANT:** Email \_\_\_\_\_  
(schedule changes, weather cancellations and reminders will be sent via email or text message)

Dog's Breed Type \_\_\_\_\_ Dog's Age \_\_\_\_\_ Dog's Sex \_\_\_\_\_

Your Vet's Name \_\_\_\_\_ Has dog been neutered/spayed? \_\_\_\_\_ When? \_\_\_\_\_

Does your **DOG** have physical limitations or medical problems? Y / N What? \_\_\_\_\_

Is the dog on medication now? Y / N What? \_\_\_\_\_

Do **YOU** have a physical limitation we should allow for in class? Y / N What? \_\_\_\_\_

List other family members including pets: \_\_\_\_\_

Dog was acquired from (circle): PET SHOP SHELTER BREEDER OTHER \_\_\_\_\_

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

Have you attended an obedience class before with any dog? When/Where: \_\_\_\_\_

What did you like most about that class? \_\_\_\_\_

What do you want to accomplish in this class? 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

List cues (commands) your dog reliably dog obeys: \_\_\_\_\_

Approximate % of time dog is: Inside \_\_\_\_\_%, Outside \_\_\_\_\_%, Without humans \_\_\_\_\_%, Tied \_\_\_\_\_%

**OVER**

How often, when and what does your dog eat? \_\_\_\_\_

Does your dog have a food allergy? Y / N Please explain \_\_\_\_\_

IMPORTANT-Please Circle traits which apply to your dog:

|                    |                    |                    |                  |
|--------------------|--------------------|--------------------|------------------|
| GROWLS             | SHY                | FEARFUL            | GUARDS FOOD/TOYS |
| PUSHY              | BITES              | DESTRUCTIVE        | MOUTHY           |
| EXCESSIVE ENERGY   | DOMINANT           | AGGRESSIVE         | NOISY            |
| TOO ATTACHED TO ME | WON'T LISTEN TO ME | NOT GOOD W/ PEOPLE | NOT GOOD W/ DOGS |
| URINE MARKS        | OTHER .....        | OTHER .....        | OTHER .....      |

Briefly explain trait circled: .....

Anything else we should know about your dog? .....

**PLEASE READ AND SIGN THE FOLLOWING**

**General Agreement:** I understand that attendance of Mindful Mutt Academy Classes 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 will be exposed may be difficult to control even when handled with the greatest amount of care. I will not hold Dawn Olson, or Laund-Ur-Mutt or their representatives liable for any loss, damage, or injury to myself, my dogs, family or any guests accompanying me to any training session or special event while on the grounds or surrounding area as a result of any action by any dog, including my own.

**THIS HOLD-HARMLESS WAIVER AND ASSUMPTION OF RISK IS MADE FROM AN INFORMED BASIS, FREELY AND COMPLETELY. I HAVE BEEN PROVIDED ANSWERS TO ANY QUESTIONS I HAVE.**

Deposit fee is due before a reservation for class will be made and is Non-Refundable once classes begin. If a student is unable to complete a class due to an illness or prolonged absence, arrangements may be made to join the following session.

**Photo/E-Mail Release:** Signature on this form allows Laund-Ur-Mutt to use class videos and photos for educational purposes, for example slides and website, and to contact student via e-mail to announce Laund-Ur-Mutt activities unless stated otherwise.

**Class Fees are Non-refundable and Non-transferrable.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_