



Ultimate Companions

Positive Training With The Ultimate Reward

COURSE APPLICATION

COURSE: (check one) Kindergarten Middle School High School
 Other (specify)_____

DAYS/TIMES AVAILABLE FOR CLASS:

MON AM PM TUE AM PM WED AM PM
 THU AM PM FRI AM PM SAT SUN AM PM

OWNER NAME: _____
PRINT AS YOU WANT IT ON YOUR GRADUATION CERTIFICATE

STREET: _____

TOWN: _____ **ST:** _____ **ZIP:** _____

HOME PHONE: () _____ **WORK PHONE:** () _____

DOG'S NAME: _____ **BREED:** _____

DOG'S BIRTHDAY _____ **SEX:** Male Neutered Male
 Female Spayed Female

HOW DID YOU HEAR ABOUT US? _____

WHERE DID YOUR DOG COME FROM? _____

HOW OLD WAS YOUR DOG WHEN YOU GOT IT? _____

(If you are not dog's first owner, please describe the dog's history as you know it

HAVE YOU TRAINED A DOG BEFORE? _____ **IF SO, WHEN & WHERE?** _____

PLEASE CHECK AREAS OF CONCERN:

- | | | |
|---|--|---|
| <input type="checkbox"/> BARKING | <input type="checkbox"/> CHEWING | <input type="checkbox"/> JUMPING UP |
| <input type="checkbox"/> HOUSESOILING | <input type="checkbox"/> NIPPING | <input type="checkbox"/> NOT COMING |
| <input type="checkbox"/> GROWLING | <input type="checkbox"/> BITING | <input type="checkbox"/> AFRAID OF THUNDER |
| <input type="checkbox"/> AFRAID OF KIDS | <input type="checkbox"/> AFRAID OF MEN | <input type="checkbox"/> AFRAID OF OTHER DOGS |

HAS/DOES YOUR DOG EVER PLAY WITH OTHER DOGS? (DESCRIBE) _____

_____ (OVER)

ULTIMATE COMPANIONS - 802.387.4008

EMAIL: info@ultimatecompanion.com

WEBSITE: www.ultimatecompanion.com

WHAT ARE YOUR GOALS FOR CLASS?

WHAT FAMILY MEMBERS WILL BE ATTENDING? (all welcome) _____

ON A DAILY BASIS, WHAT DOES YOUR DOG DO FOR EXERCISE? _____

MEDICAL INFORMATION

Please complete this section fully or we will not be able to process your application. All dogs must be vaccinated for Distemper, Parvo and Canine Cough. The first Rabies shot is good for ONE year. Subsequent ones are good for THREE years. Puppies must be started on Distemper/Parvo series and had Canine Cough to attend class. ***PLEASE SEND A COPY OF PROFF OF VACCINATIONS ALONG WITH THIS APPLICATION**

NAME OF VETERINARIAN: _____

DATE OF LAST DISTEMPER/PARVO: _____

DATE OF LAST CANINE COUGH: _____

DATE OF LAST RABIES: _____

I hereby waive and release Bill Grant/Ultimate Companions, it's employees, officers, members 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 injury or damage resulting from the action of any dog, and I expressly assume the risk of such damage or injury while attending any training session or any other function or while on the training grounds or the surrounding area thereto. In consideration of and as inducement to the indemnify and hold harmless Bill Grant/Ultimate Companions and it's employees, officers, members and agents from any and all claims or claims by any member of any family or any other person accompanying me to any training session or function fo Ultimate Companions or while on the grounds or the surrounding area thereto as a result of any action by any dog, including my own.

SIGNATURE of authorized agent or owner: _____ **DATE:** _____

EMAIL ADDRESS: _____

[] Yes, I would like to receive Ultimate Companions information and updates via email

PLEASE ENCLOSE A CHECK FOR \$100.00 MADE OUT TO Bill Grant/Ultimate Companions.

TUITIONS ARE NON-REFUNDABLE UNLESS WE ARE NOTIFIED AT LEAST 48 HOURS PRIOR TO THE START OF THE CLASS.

THANK YOU – WE LOOK FORWARD TO MEETING YOU AND YOUR DOG. BE SURE TO VISIT OUR WEBSITE FOR MORE INFORMATION WWW.ULTIMATECOMPANION.COM

HUG YOUR DOG TODAY!
