

WALK THIS WAY

CANINE BEHAVIOR THERAPY™



Client Questionnaire

Please complete these questions and return the questionnaire along with the release form and necessary vaccination records to Monster Mutt (fax 718-858-3663).

Date _____
Date of class _____
Name _____
Address _____
Phone _____
E-mail _____
Where did you hear of us? _____

Pet's name _____
Breed _____
Color _____
Age _____
Date of birth (if known) _____
Sex _____

Vet's name _____
Address (if unknown, city is fine) _____
Phone _____
Last visit to vet _____
Reason for visit _____

Is your pet spayed/neutered? _____
If yes, at what age? _____
If female, did she experience heat cycles before spaying? _____
If no, do you plan to breed your pet? _____
Has your pet ever been bred? _____

How old was your pet when you acquired it? _____

How long have you had your pet? _____
Has this pet had other owners? _____
Where did you get your dog or cat? (please be specific about the name of the shelter or breeder) _____

What kind of living situation do you have? (i.e., studio apartment, 3-bedroom house, etc.) _____

How many times is your dog or cat let out per day? _____

For how long? _____

How often is your pet fed each day? _____

How often is your pet fed treats each day? _____

How often is your pet fed table scraps each day? _____

What exactly is your pet fed? (include brand names) _____

Does your pet have any allergies? _____

Please specify _____

Does your pet have any pre-existing or current medical problems? _____

Describe _____

Is your pet currently taking medication to prevent heartworm? _____ brand? _____

Is your dog or cat currently taking any other medications? _____

Types _____

Do you have any other pets besides this one? _____

Please list all other animals in the household

Name	Breed	Sex	Age Obtained	Age Now
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1

2

3

4

Are any of these animals ill? _____

Please list all the people currently living in the household, including yourself.

Name	Age	Sex	Relationship	Occupation
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1

2

3

4

Has anything in the household changed since acquiring this pet? _____

If so, how? (i.e., marriage, baby, death of pet, death of human, child moved) _____

Where does your pet sleep **at night**? (check all that apply)

- in your bed
- on it's own bed in your bedroom
- in it's kennel in your bedroom
- on the floor next to your bed
- on it's own bed in another room
- in a crate in another room
- in another room, **voluntarily**, wherever it wants
- in another room, **involuntarily**, wherever it wants

How often do you play inside the house with your pet on the average day? _____

For how long? _____

How often do you play outside with your pet on the average day? _____

For how long? _____

Describe, in detail, how you prepare to leave the house when the pet will be left alone. Do you ignore your pet, seek it out to say goodbye, make a fuss over it, etc.?

What does your pet do as you prepare to leave?

What is your dog's obedience school history?

- no school, trained yourself
- puppy kindergarten
- group lessons
- private in-home trainer
- sent to trainer

Age when dog started training/lessons _____

How did the dog do? _____

What commands does the dog know and how well?

- | | | | |
|-------------|---------|------------|---------------------|
| • SIT | perfect | usually ok | listens |
| selectively | | | |
| • STAY | perfect | usually ok | listens selectively |
| • LIE DOWN | perfect | usually ok | listens selectively |
| • HEEL | perfect | usually ok | listens selectively |
| • DROP IT | perfect | usually ok | listens selectively |
| • COME | perfect | usually ok | listens selectively |
| • OTHER | | | |

Does your dog have any behavioral problems that you would like to discuss?



Release Form

I, _____, grant my permission for Walk This Way Canine Behavior Therapy and Monster Mutt LLC, to work with my dog _____. If my dog is attending training or being treated for behavior problems, I understand that in the area of Obedience Training, owner compliance is necessary for the dog to understand and retain the training he/she has received. I also understand that in the area of Behavioral Problems, owner compliance and patience are key in the rehabilitation of my pet. I understand that any behavioral abnormality is controllable but not necessarily curable, especially when concerning aggression problems. I do not hold Walk This Way Canine Behavior Therapy or Monster Mutt LLC responsible for the actions of my animal during or after treatment.

I am aware that each dog participating in this class or playgroup must have all necessary vaccinations (Rabies, DHLPP, Parvo and Bordetella), and wear proper ID and rabies tags. In addition, each owner must bring veterinary records of vaccinations **to the first class** or they will not be able to participate in the first session. If my dog is a puppy, I understand that most veterinarians recommend that puppies not be exposed to other dogs until they have had at least two, if not all three sets of puppy vaccinations. If, for whatever reason, either by neglect or design, I do not vaccinate my dogs against these illnesses, despite the fact most veterinarians recommend that dogs are vaccinated regularly (boosters are usually done at approximately 15-16 months of age, and then again every 1-3 years), I take full responsibility for any consequence to my animal and/or myself and/or any other animal and/or person. *Please note that Bordetella vaccinations are not a part of routine vaccination, therefore you will need to ask your vet to treat your dog. NYC requires that dogs be vaccinated every six months if they are staying at or visiting boarding facilities – even for attending an obedience class.* By allowing my dog to be at Monster Mutt LLC for daycare, boarding, training, grooming or any other reason, without being fully vaccinated, I take full responsibility for any consequence to my animal and/or myself and/or any other animal and/or person. I hold Monster Mutt LLC and Walk This Way Canine Behavior Therapy, together with their principals, agents and employees, harmless for any illness my pet may contract as a result of exposure to other animals, people or the facility at Monster Mutt LLC.

I acknowledge that dogs are encouraged to socialize and exercise at Monster Mutt LLC and that injuries either to dogs or owners or their guests might reasonably be foreseen to result from playing that may occur at or around Monster Mutt LLC. I agree for myself, my employees, my invitees (including but not limited to anyone I authorize to pick up or drop off my dog) and my guests to assume the risks and hazards that might reasonably be expected to arise from such use and the presence of animals. I agree that Monster Mutt LLC and Walk This Way Canine Behavior Therapy, their principals and their employees, shall not be responsible for injuries to others (or their pets) who may be injured by my dog or by my acts or omissions or the acts or omissions of my guests, employees and invitees, and I shall indemnify Monster Mutt LLC and Walk This Way Canine Behavior Therapy, their principals and their employees, for any and all costs, damages, claims or expenses (including reasonable attorneys' fees) that may result therefrom. With respect to myself, my employees, my guests and my invitees, I shall hold Monster Mutt LLC and Walk This Way Canine Behavior Therapy, their principals and their employees, harmless from and I shall indemnify Monster Mutt LLC and Walk This Way Canine Behavior Therapy, their principals and their employees, for any and all costs, damages, claims or expenses (including reasonable attorneys' fees) that may result from our use, or the use by our dog, of Monster Mutt LLC's facilities, including, without limitation, incidents associated with the walking or the transporting of our dog outside Monster Mutt LLC's facilities.

I attest to the fact that to the best of my knowledge my dog is NOT in heat. If I am mistaken and an unwanted pregnancy results, I take full responsibility for any consequence to my animal. I hold Monster Mutt LLC Walk This Way Canine Behavior Therapy and the owner(s) of the impregnating dog, together with their principals, agents and employees, harmless and indemnify them for any resulting pregnancy and/or complications and/or illness resulting from such pregnancy while my animal is in Monster Mutt LLC or Walk This Way Canine Behavior Therapy's care.

I understand that class and playgroup are limited to TWO PEOPLE PER DOG and that NO CHILDREN UNDER THE AGE OF 8 ARE ALLOWED TO ATTEND CLASS OR PLAYGROUP. That means that each dog can bring either TWO ADULTS or ONE ADULT AND ONE CHILD.

I understand that any photos of my dog that are obtained during class or playgroup might be used for publicity purposes or teaching purposes by Monster Mutt LLC and Walk This Way Canine Behavior Therapy.

I ALSO UNDERSTAND THAT ALL DEPOSITS AND CLASS FEES ARE NON-REFUNDABLE.

All terms and conditions hereof shall be binding upon the successors and assigns of the parties. I certify that I am the owner of this animal and I am authorized to make decisions about this animal's health and safety.

Signature: _____

Date: _____

Name: _____

Email: _____

Address (incl. City/State/Zip) : _____

Phone: _____



CREDIT CARD AUTHORIZATION

By signing below, I authorize Monster Mutt LLC and/or Walk This Way to charge my credit card, over the phone, the appropriate, non-refundable deposit for class or payment in full for a seminar to guarantee my place in the class or seminar indicated below.

Class Deposit of \$100 (Circle One)

Basic Obedience Start Date: _____

Puppy Kindergarten Start Date: _____

Advanced Obedience Start Date: _____

Agility Class Start Date: _____

OR

Seminar Payment in Full of \$29 plus tax (Circle One)

Leash Walking Seminar Date: _____

Leash Aggression Seminar Date: _____

Separation Anxiety Seminar Date: _____

Recall Seminar Date: _____

New Dog Seminar Date: _____

First Aid/Don't Panic Seminar Date: _____

I understand that this deposit or pre-payment is non-refundable and not transferable to any other class or seminar except the one designated on this form. I waive the right to contest this charge on my credit card statement thru my credit card company.

Name As it Appears on Card: _____

Card Type (Circle One): VISA MASTERCARD AMEX

Credit Card Number: _____ Exp. Date _____

Billing Address (incl. City/State/Zip) : _____

Phone: _____ Email: _____

Signature: _____ Date: _____