



SAFE HARBOR
ANIMAL SANCTUARY & HOSPITAL
A NO-KILL FACILITY

Health Information Form
For Safe Harbor Obedience Classes
(Form must be signed by licensed veterinarian)

OR veterinary records
containing information may be faxed to 747-8167

Your Name:
Address:
City, State, Zip Code:
Home Phone:

Dog's Name:
Date of Birth (approx.):
Breed:
Color:
Sex:
Sterilized?
If so, when?

Rabies: (Required if old enough)
Distemper: (Required)
Bordetella: (Required)
Parvo: (Required)

Signature of Veterinarian:
Name of Veterinarian:
Address:
City, State, Zip Code:
Phone:

Veterinarian Certification:

I hereby acknowledge that the above information is true and correct to the best of my knowledge.

Signature or Stamp of Veterinary Clinic

Date



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OBEDIENCE CLASS
ENROLLMENT FORM

Complete BOTH SIDES and return as soon as possible.

Your Name:	Occupation:
Address:	E-Mail:
City, State, Zip Code:	Cell Phone:
Home Phone:	Work Phone:
Dog's Name:	Dog's Age:
Breed(s): (If mixed, what types of breeds)	
Is Dog Spayed or Neutered: Yes or No	If Yes, for how long (if known):

PLEASE READ AND SIGN THE FOLLOWING UNDERSTANDING BELOW:

Our primary obligation in all of our group obedience classes is the safety of all involved. We reserve the right to refund your registration fee if we determine that a dog will require individual attention beyond the confines of a group situation due to people or animal aggression.

I certify that my dog has no biting history – human or animal – or that any biting history is fully disclosed (please explain circumstances to instructor prior to the first class). I agree that I will remove my dog from class IF ASKED due to ANY behavior deemed unsuitable, unpredictable, or dangerous. In this circumstance, the handler MAY continue the class as a spectator ONLY, without the dog being present in the group class, OR withdraw from class. Refunds will be at the discretion of Safe Harbor.

Additionally, I agree to hold Safe Harbor Animal Sanctuary & Hospital, and any trainer and/or assistant harmless for any injury or loss sustained as a result of participating in the obedience training classes.

Your Signature: _____

Please make checks payable to “Safe Harbor”. Enrollment is on a first come, first served basis – and space is limited. Please bring payment and completed forms to Safe Harbor or mail them to: Safe Harbor, Attn: Linda Kender, 185 E. Indiantown Road, Jupiter, FL 33477. Please call 747-9704 for additional information.

OBEDIENCE CLASS QUESTIONNAIRE

Where did you get your dog? _____

How long have you had him/her? _____

Has your dog been in previous homes? If so how many & for how long? _____

Who is in the household? Adults _____ Children (ages) _____

Do you have any other pets? If so, what: _____

Have you had dogs before? Yes / No

How does your dog behave when you groom him? _____

What is your dog like with people? _____

What is your dog like with other dogs? _____

Where does your dog sleep at night? _____

What is your dog's diet? _____ How often do you feed? _____

Does your dog growl over his food or toys? Yes / No

What is your dog's favorite toy? _____ What is your dog's favorite game? _____

How much exercise does your dog get daily? _____

Is your dog exercised on lead or off lead? _____ Is your yard fenced? Yes / No

Do you have any particular problems with your dog? _____

What would you like to learn from this course: _____

Please circle any items you would like specifically covered during this course:

Jumping Up

Digging

Socializing

Handling

Barking

Mouthing

Biting

With other dogs / children

Housetraining

Chewing

Coming when called

Other: _____

How did you hear about this course: _____