



# Infinity Dog Training and Education, LLC

2836 Crestwood Blvd \* Irondale, AL 35210 \* 205-900-3033 \* [www.infinitydogtraining.com](http://www.infinitydogtraining.com)

## Enrollment Application

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION: (FAMILY OR FRIENDS):**

NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_

PLEASE LIST ANY OTHERS WHO HAVE PERMISSION TO PICK UP YOUR DOG(S):

\_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_

**INTERESTS:** \_\_\_ PUPPY SOCIAL CLUB \_\_\_ BOARDING \_\_\_ GROUP CLASS \_\_\_ PVT SESSIONS

TRAINING: \_\_\_ OBEDIENCE \_\_\_ BOARD AND TRAIN/RESORT

\_\_\_ OTHER: \_\_\_\_\_

SEMINARS: \_\_\_\_\_

HOW DID YOU HEAR ABOUT INFINITY DOG TRAINING \_\_\_\_\_

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## DOG PROFILE

YOUR LAST NAME: \_\_\_\_\_ DOG'S NAME: \_\_\_\_\_

BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_ AGE: \_\_\_\_\_

WEIGHT \_\_\_\_\_ MALE: \_\_\_\_\_ Neutered? \_\_\_\_\_ FEMALE: \_\_\_\_\_ Spayed? \_\_\_\_\_

BRAND OF DRY FOOD: \_\_\_\_\_ HOW MUCH PER FEEDING: \_\_\_\_\_

BRAND OF CANNED FOOD: \_\_\_\_\_ HOW MUCH PER FEEDING: \_\_\_\_\_

FED AT WHAT TIMES PER DAY: \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ PM \_\_\_\_\_ PM

TREATS: \_\_\_\_\_

DESCRIBE YOUR DOG'S TEMPERAMENT: \_\_\_\_\_

DESCRIBE ANY BEHAVIOR PROBLEMS: \_\_\_\_\_

DOES YOUR DOG HAVE ANY HISTORY OF BITING? \_\_\_\_\_

HAS YOUR DOG EVER GROWLED OR SNAPPED AT ANYONE WHO HAS TOUCHED HIS/HER FOOD OR TOYS? \_\_\_\_\_

PLEASE DESCRIBE ANY TRICKS OR COMMANDS YOUR DOG CAN PERFORM: \_\_\_\_\_

DOG CRATE TRAINED? \_\_\_ NO \_\_\_ YES \_\_\_ USED TO BE CRATED

WHAT TYPE OF EXERCISE DOES YOUR DOG USUALLY GET? \_\_\_\_\_

HOW OFTEN? \_\_\_\_\_

DO YOU TAKE YOUR DOG TO A DOG PARK? \_\_\_ NO \_\_\_ YES IF YES, HOW OFTEN? \_\_\_\_\_

HAS YOUR DOG BEEN IN DAYCARE? \_\_\_ NO \_\_\_ YES, IF YES, WHERE? \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

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It is my opinion that my dog is of adequate health to participate in services provided by INFINITY DOG TRAINING.

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

Print Name \_\_\_\_\_

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## Medical Info & Vet Release

YOUR LAST NAME \_\_\_\_\_ DOG'S NAME \_\_\_\_\_

YOUR VETERINARIAN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

Bring in a copy of your recent vaccination records or have your veterinarian fax them to INFINITY DOG TRAINING.

Dates of last vaccines:

DHLPP \_\_\_\_\_ PARVO \_\_\_\_\_ BORDATELLA \_\_\_\_\_ RABIES \_\_\_\_\_ \_\_\_ 1 yr. \_\_\_ 3 yr.

Microchip Information and Number (if none, leave blank) \_\_\_\_\_

Flea preventative \_\_\_\_\_ Last date used: \_\_\_\_\_ Date of last Physical Examination \_\_\_\_\_

Medical Problems or Physical Restrictions: \_\_\_\_\_

Currently on any medication? \_\_\_ N \_\_\_ Y: List medications: \_\_\_\_\_

Known allergies (including medication and flea control products): \_\_\_\_\_

Additional Comments: \_\_\_\_\_

First and foremost, the safety and well being of your dog(s) is of the highest importance. Insuring that your dog(s) remains safe and well cared for is our first responsibility and as such we take it very seriously. We do our best to have our guests screened for pre-existing health conditions but some factors may be beyond our control. In the event that a medical emergency arises while a dog is at INFINITY DOG TRAINING participating in a service that we provide, it is imperative that we are immediately able to get them medical treatment at the closest veterinarian. Your dog will be rushed to the closest available facility for treatment and you will be notified. This form will expedite the process of your dog receiving medical treatment. You will be contacted again after your dog receives medical attention.

I understand that in the event of a medical emergency, which INFINITY DOG TRAINING at its sole discretion deems to need the immediate attention of a licensed veterinarian. I authorize INFINITY DOG TRAINING to seek medical attention at the closest available veterinary facility.

I give permission to the attending veterinarian to diagnose and treat my dog(s).

I further agree that I am financially responsible for any medical treatment my dog(s) receives as a result of a medical emergency.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Contact Numbers \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

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## Service Agreement

This is a contract between INFINITY DOG TRAINING and dog owner(s) for any service provided here.

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

1. INFINITY DOG TRAINING has relied upon my representation that my dog is in good health and has not been exposed to rabies or distemper within a thirty day period prior to any stay.
2. My dog has not injured or shown aggression or threatening behavior to any person or dog.
3. I understand that INFINITY DOG TRAINING, their owners, staff, partners and volunteers will not be liable, financially or otherwise for injuries to my dog, myself, or any property of mine while my dog is participating in services provided by INFINITY DOG TRAINING. I hereby release INFINITY DOG TRAINING of any liability of any kind arising from my dog(s) participation in any and all service provided by INFINITY DOG TRAINING.
4. I understand and agree that any problems with my dog, behavioral, medical or otherwise will be treated as deemed best by the staff of INFINITY DOG TRAINING in their sole discretion and in what they view as the best interest of the dog. I understand that I assume full financial responsibility and all liability for any and all expenses involved in regards to the behavior and health of my dog.
5. I understand that there are risks and benefits associated with group socialization of dogs. I agree that the benefits outweigh the risks and that I accept the risk. I desire a socialized environment for my dog while attending services provided by INFINITY DOG TRAINING and while in their care, I understand that while the socialization and play is closely and carefully monitored by INFINITY DOG TRAINING staff to prevent injury, it is still possible that during the course of normal play, my dog(s) may receive minor nicks and scratches from roughhousing with other dogs. Any injuries to my dog will be pointed out by staff upon pick-up.
6. I understand by allowing my dog(s) to participate in services offered by INFINITY DOG TRAINING, I hereby agree to allow INFINITY DOG TRAINING to take photographs or use images of my dog(s) in print form or otherwise for publication and/or promotion.
7. I understand that I am solely responsible, financially and otherwise, for any harm or damage caused by my dog(s) while they are attending any services provided by INFINITY DOG TRAINING.
8. I understand that if my dog is not picked up on time or by a date specified in a separate agreement, I hereby authorize INFINITY DOG TRAINING to take whatever action is deemed necessary for the continuing care of my dog. I will pay INFINITY DOG TRAINING the cost of any such continuing care. I understand that if I do not pick up my dog, INFINITY DOG TRAINING will charge a daily rate until the dog is picked up Dog's not picked up within three days will be transported to the local SPCA. I also acknowledge that I will be fully responsible for all attorney fees and associated costs if I abandon my dog.
9. I agree, if my dog shows any signs of fleas or ticks during their stay, that INFINITY DOG TRAINING may bathe my dog and I will be charged accordingly.
10. I agree to pay INFINITY DOG TRAINING charges for any service requests or necessary procedures for my dog before he/she may leave the premises.

Signature of owner \_\_\_\_\_ Date \_\_\_\_\_

Print name: \_\_\_\_\_