



# Juliean's Coercion-Free Doggy Training, Socialization & Grooming LLC

[www.julieansdogtraining.com](http://www.julieansdogtraining.com)

804-599-8771

shiverschris58@gmail.com

## Client & Dog Information

Guardian's Name(s):	Date:		
Phone:	Address:		
Dog's Name:	Email:		
Dog's Breed/Mix:	Age/Sex:		
Date Pet Added to Family:	Spay or Neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Most recent vet visit and any medical issues or results:			
How did you hear about us? <input type="checkbox"/> Veterinary Referral <input type="checkbox"/> Family/Friend <input type="checkbox"/> Social Media/Internet <input type="checkbox"/> Shelter/Rescue <input type="checkbox"/> Other _____			
Please provide name of referring veterinary professional and/or clinic, if applicable -			
Members of the household:			
Name	Age	Relationship	
Other Pets in household:			
Name	Dog, Cat, Other	Age	Spay or Neutered

## Emergency & Pet Health Information

Emergency Contact:	Phone:
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Veterinary Office/Name:	Phone:
Current Medications:	Reason(s) for Medications:
Important Medical History Notes:	
May we share your training & behavior report with your veterinarian? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Description if behavior problem(s) we are assessing.**

**Onset of issue (When did this issue first begin?)**

**Basic Intake & Goal Assessment**

**Dog's Routine**

Describe your pet's daily routine:

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What exercise does your pet receive, how often and for how long?

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Where does your pet stay and do when you are gone to work or otherwise out of the house?

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What kinds of toys, chews, etc. does your pet interact with, and how often? When does he/she play with his/her toys?

## Training History/Reinforcers

Have you done any training with your pet, or had he/she done any before you acquired him or her? Where did you do the training? Can you describe the basic approach you learned to train your dog? Did you feel you got the results you were looking for?

What are your dog's favorite foods or treats? Any Allergies?

What are your dog's favorite toys:

What are your dog's favorite activities?

## Client's Goals

What would you like your dog to do?

What would you like to be able to do with your dog?

## Training and Behavior: (What behaviors are you looking for help with?)

### General Behavior

- Barking    Destruction    House Soiling    Impulse Control    Anxiety \_\_\_\_\_  
 Body Handling    Noise Fear    Resource Guarding

### Human Reactivity/Aggression/Fear

- Resource Guarding    Handling    Strangers    Household or Family    Biting

### Animal Reactivity/Aggression/Fear

Dogs – on leash    Dogs – off leash    Cats    Biting

Other

\_\_\_\_\_

### Description of Incident(s)

Describe the incident or incidents you are concerned about.

Location(s) where the incidents occurred:

Person/People involved:  known to the dog    strangers to the dog

Have you noticed anything similar about the situations or people involved across the incidents? (examples: all men, all at the front door, all while on leash, etc.)

Have you noticed any escalation or change in your dog's behavior over time?

### Stress/Warning Signs/Precursor Behaviors

Which of these behaviors have you noticed occur just before an incident?

cowering/hiding    pacing/hypervigilant ears lowered/back/pinned    staring    licking lips/panting

freeze    bark    lunge    growl    snarl    snap    muzzle punch    bite

### Resource Guarding

Did any or could any of the incidents have involved protecting:

toys or other objects    food    treats or chews    favorite spot    favorite person

none

### Handling

Did any of the incidents involve dog being touched on his/her:

paws tail ears muzzle head rump other:

or given a: hug collar grab ... or being reached for or towards?

none

### Undersocialization/Fear

Did any of the incidents involve:

men women children 0-3 children 4-10 children 10+ hats glasses

uniforms unusual gaits unusual human behavior:

other:

none

### Environment

Did any of the incidents involve someone:

changing positions (sit to stand, stand to sit, etc.) up high (on a ladder, etc.)

re-entering the room or reappearing partially obstructed (behind a wall, etc.)

carrying something (large bag, backpack, groceries, etc.) other:

none

### Movement Sensitivity/Predation

Did any of the incidents involve:

joggers bicycles skateboards children running children screaming other:

none

### Bite History – If Applicable

*(Has your dog ever bitten anyone? What were the circumstances that led to the bite – what happened? Did the bite leave a scratch, bruise, puncture?)*

Number of bites to humans:

Number of fights with other dogs:

Number of bites to other dogs:

**Do not complete – For Julieans Dog Training Use**

If a client has indicated a bite or bites to other dogs: What is the worst result that has occurred?

bared teeth  snarl or growl

1) snap  2) contact with zero damage  3) 1 to 4 shallow punctures  4) 1 to 4 deep punctures and/or bruising  5) deep bi-directional tears  6) multiple level 4s or 5s  fatality or mutilation

**Do not complete – For Julieans Dog Training Use**

If client has indicated a bite or bites to a human or humans: What is the worst result that has occurred?

bared teeth  snarl or growl

1) snap  2) contact with zero damage  3) 1 to 4 shallow punctures  4) 1 to 4 deep punctures and/or bruising  5) deep bi-directional tears  6) multiple level 4s or 5s  fatality or mutilation

## Private Training Service Contract and Policies

### Liability Waiver & Policies

1. **Christopher Julieans Shivers @ Julieans Coercion-Free Doggy Training, Socialization & Grooming, LLC** will endeavor to create as safe an environment as possible for the training of my dog and will offer only sound, safe, and responsible training and training instructions. However, to the extent that **Christopher Juliean Shivers, @Julieans Coercion-Free Doggy Training, Socialization & Grooming, LLC** is insured for any unintentional or negligent errors, omissions, or incorrect assertions, **Christopher Juliean Shivers, @ Julieans Coercion-Free Doggy Training, Socialization & Grooming , LLC** will be responsible for any such acts or omissions, but only to the extent of such insurance. I have been told by **Christopher Juliean Shivers @ Julieans Coercion-Free Doggy Training, Socialization & Grooming , LLC** and understand the inherent risks of owning a dog, including but not limited to the risk of dog bites to myself or others, and consequently I am and will remain responsible for the actions of my dog at all times, and I hereby agree to indemnify and hold harmless **Christopher Juliean Shivers @ Julieans Coercion-Free Doggy Training, Socialization & Grooming, LLC** of any and all claims of injury, expense, costs, or damages caused by my dog. I understand that the recommendation of any other product or service is not a guarantee of my satisfaction with that product or service.

Initial:

2. Payment Policy: All payment is due upon booking of services. Payment made be made by credit/debit card or check. I will receive an invoice and receipt for all transactions.

Initial:

3. Cancellation Policy: A cancellation by dog guardian must be made 24 prior to an appointment time or will incur a late fee of \$35 dollars.

Initial:

### **GENERAL “HOLD HARMLESS” AGREEMENT & “LIABILITY RELEASE” for Christopher Juliean Shivers @ Julieans Coercion-Free Doggy Training, Socialization & Grooming, LLC.**

#### **RESPONSIBILITY & LIABILITY:**

I feel confident that Christopher Juliean Shivers make every effort to provide a safe environment for all canine and human clients under her instruction as well as others within the general proximity of her work. I agree to place and/or leave my dog with Christopher Juliean Shivers at MY OWN RISK. I have researched the skills and credentials of Christopher Juliean Shivers AGREE with all associated handling practices, policies and procedures. I understand that all dogs CAN and DO BITE; and I am aware of (1) the RISK of injury to myself or my dog(s) while in training and (2) that I am responsible for any INJURY, or physical or financial damages caused by my pet(s) to another pet, person or the physical location in which training is conducted. I will NOT hold Christopher Juliean Shivers, or Julieans Coercion-Free Doggy Training, Socialization & Grooming, LLC. designated agents/associates, outside of gross negligence, responsible should an ACCIDENT, INJURY, ILLNESS, ESCAPE, THEFT, FIRE, or DEATH of my pet occur while in their care.

**MEDICAL TREATMENT:**

In my absence, I give permission to Christopher Juliean Shivers to act on my behalf in case of EMERGENCY or apparent health related issues. I also give permission for my pet to be transported by car to (1) my personal veterinarian, (2) Christopher Juliean Shivers vet of choice, or (3) Emergency Animal Clinic for any situation where medical assistance is needed while my pet is in the care of Christopher Juliean Shivers. I agree to reimburse Christopher Juliean Shivers for any and all charges incurred for medical treatment of my pet. I WILL NOT seek retribution from Christopher Juliean Shivers should an ACCIDENT, INJURY, ILLNESS, ESCAPE, THEFT, FIRE, or DEATH of my pet occur during or following ANY services rendered by Christopher Juliean Shivers or Julieans Coercion-Free Doggy Training, Socialization & Grooming, LLC. designated agents or associates.

**VACCINATIONS/OVERALL HEALTH:**

I hereby declare that my pet is current within the calendar year on (1) Rabies, (2) DHPP, and (3) Bordetella vaccinations. I understand it is my responsibility to keep my pets regularly vaccinated and to provide updated records to Christopher Juliean Shivers upon request and that my dog can be refused for services should I fail to do so. I also understand that my dog is still susceptible to other illnesses due to age, stress, nutrition levels, immune system, and exposure to other dogs. I understand Christopher Juliean Shivers requires all dogs in training to be clean, healthy and vaccinated with no apparent fleas, ticks, worms, etc.

**MISCELLANEOUS DETAILS:**

- (1) I understand Christopher Juliean Shivers is not responsible for misplaced, lost, damaged or broken items during or following ANY services rendered.
- (2) I understand the rates and payment terms for services rendered by Christopher Juliean Shivers.
- (3) I understand if I am not satisfied with the services provided by Christopher Juliean Shivers, that I will notify Christopher Juliean Shivers by close of business the following day.
- (4) I understand Christopher Juliean Shivers has the right to refuse service to any owner and or pet at her discretion.
- (5) I understand Christopher Juliean Shivers will NOT release my pet to anyone without my consent.

**RIGHTS TO PHOTOGRAPHS & VIDEO FOOTAGE**

I authorize Christopher Juliean Shivers the right and permission to use any photographs/video taken of my dog for any purpose and in any media now or in the future. Online sessions are often recorded and are available to clients upon request.

I CERTIFY THAT I HAVE READ AND UNDERSTAND ALL OF THE CONDITIONS AND STATEMENTS CONTAINED WITHIN THIS AGREEMENT.

This contract is validated by the signatures below in total and as approval for future services without additional written authorization.

Dog Guardian	Date	Trainer & Title	Date

\_\_\_\_\_  
Dog Guardian Signature

\_\_\_\_\_  
Christopher Juliean Shivers Director of Training