

Bark University, INC.

Training Consult and Evaluation Survey

Parent Information:

| | | | |
|---------------|-------|-------|------|
| Name: | | | |
| Address: | | | |
| City: | | ST: | Zip: |
| Phone Numbers | Home: | Cell: | |

Pet Information:

| | | | | |
|---|--------------|---------|---------------|--------|
| Dog Name: | | Breed: | | Color: |
| Sex: M / F | Fixed: Y / N | Weight: | Birthday/Age: | |
| Vet Name | | | City, State | |
| Where did you get your dog from? | | | | |
| How long have you owned your dog? | | | | |
| Has there been a previous owner(s)? Number of owners, and time in their care if known. | | | | |
| Known health conditions (List any known medical conditions, surgeries, allergies, etc.) | | | | |
| Feeding and Eating habits (frequency of feedings, type of food, treats, etc.) | | | | |
| Other dogs and cats in home. (Ages, and breeds) | | | | |

General Release

I, the undersigned, as the owner/handler or the owner's representative of the dog(s) listed above, do hereby release and hold harmless Bark University, INC. and all their training staff, officers, agents, associates, and all persons connected therewith, from any and all liability, claims, or causes of action which may arise from any and all participation in dog training or other related activities performed by the above referenced individual(s). I assume full responsibility for the actions of the above referenced dog(s) and any resultant consequences of those actions throughout the entire course of the instruction and other related activities. This release extends and applies to my agents, heirs and other persons of interests to all liabilities, injuries, damages, losses as well as any consequence thereof. I have read this release and evidence my understanding of its terms, conditions and consequences by executing this document below. In doing so, I agree to be bound by its terms and conditions contained herein. I also understand that aggressive behavior on the part of my dog(s) toward any person or other dog could result in dismissal from class. **No Refunds.**

Signature: _____

Date: _____

Evaluation Survey

| | |
|--|--|
| What do you hope to accomplish with this training? | |
| Where does your dog sleep? | |
| Is your dog allowed on the furniture? | |
| What methods do you use to correct your dog? | |

Behavioral Survey

| | | | | | |
|------------------------|-----|----|---|-----|----|
| Excessive Barking | Yes | No | Chasing Cars, cats, people, etc. | Yes | No |
| Chewing problems | Yes | No | Leash Aggression | Yes | No |
| Accidents in the house | Yes | No | People Aggression | Yes | No |
| Digging | Yes | No | Food/toy possessive | Yes | No |
| Jumping Up | Yes | No | Intense play | Yes | No |
| Running away | Yes | No | Does not listen/does not come when called | Yes | No |

| | |
|---------------------------------------|--|
| Other bad habits you wish to address? | |
|---------------------------------------|--|