

## Three Tails Parlor and Pantry New Client Form

Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

DOB or Age: \_\_\_\_\_ Sex: Male or Female Neutered or Spayed

Veterinarian: \_\_\_\_\_ Veterinarian's Phone: \_\_\_\_\_

Please list any behavioral concerns you may have/goals you would like to reach with training:

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Please list any known illnesses/injuries/health concerns:

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Current Medicines or Supplements: \_\_\_\_\_

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Diet: \_\_\_\_\_

Other information you would like us to know:

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How did you hear about us? \_\_\_\_\_



225 N Main Street  
Columbia, IL 62239  
618-281-9900  
info@threetailspnp.com

403 W 3<sup>rd</sup> Street  
Waterloo, IL 62298  
618-939-6800

### **Dog Training Waiver & Release Form**

I understand that dog training may involve risks to myself, members of my household/family, or my dog. I assume all risks associated with participating in this training class and will not hold Three Tails Parlor and Pantry or Graham's K9 Training responsible in the event of injury to myself, members of my household/family, or my dog. I agree to comply with the instructions, rules and decisions of the training instructor as it relates to me or my dog's ability to safely complete this course. I also agree to assume all responsibility for any damage done to property, persons, or other dogs done by me or my dog's actions.

I understand that there will be no refund or transfer of tuition. I also understand that there are no regularly scheduled make up sessions, and that if I miss a class meeting, the course instructor will update me by appointment only.

I understand that all dogs participating in the training classes must be free of any infectious diseases and must be current on rabies vaccine.

I understand that Three Tails Parlor and Pantry and Graham's K9 Training do not guarantee the results of its canine training classes.

I grant permission to Three Tails Parlor and Pantry and Graham's K9 Training to use my pet's photograph(s) and or video(s) taken during training sessions for educational and promotional purposes in any type of media.

I hereby agree to release Three Tails Parlor and Pantry, Graham's K9 Training, and their employees from any and all claims arising out of or in connection with or in any way related to this training class.

**NO RETRACTABLE LEASHES**

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

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