



### Private Consultation Training Registration

Enrollment in the "Private Consultation" training program is subject to availability. Private training sessions may be scheduled at Stafford Animal Shelter, or at your home. A one-hour private lesson is \$30.00. An additional travel fee of \$.50 per mile is added for home visits. Please complete the registration form and return it to Stafford Animal Shelter in person, email [k9@staffordanimalshelter.org](mailto:k9@staffordanimalshelter.org) or fax to (406) 222-8752. Human participants must be at least 18 years old for eligibility. Canine participants must have proof of current rabies, kennel cough, and parvo/distemper vaccinations.

Your Name: \_\_\_\_\_

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

Phone#: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Dog's Age: \_\_\_\_\_

Breed (if known): \_\_\_\_\_

How long have you cared for this dog? \_\_\_\_\_

Sex:    Male    Female

Is your dog Spayed/Neutered?    Yes    No

Is your dog fully vaccinated?    Yes    No

How does your dog interact with new dogs? \_\_\_\_\_

\_\_\_\_\_

How does your dog interact with new people? \_\_\_\_\_

\_\_\_\_\_

How does your dog react in new environments (vet, daycare, busy sidewalks, etc.)? \_\_\_\_\_

\_\_\_\_\_

*I understand and agree that Stafford Animal Shelter shall not be liable for any injury or damage to any person, animal or property which results from the training or behavior of my pet. I further agree that Stafford Animal Shelter and its employees shall not be held liable for any costs or expenses incurred as a result of my pet's participation in the program. Stafford Animal Shelter reserves the right to refuse or terminate training services of any pet at any time.*

*I understand that for the safety of all pets, proof of current vaccinations must be presented by the first private class in order to participate.*

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

STAFFORD USE ONLY: TO BE COMPLETED BY STAFF    Date: \_\_\_\_\_

Proof of Vaccinations: yes / no    Still Needs: \_\_\_\_\_

Round trip mileage: \_\_\_\_\_    Total Cost: \_\_\_\_\_    Payment: \_\_\_\_\_    Cash/Check/Credit Card