



DOGS CROSSING
CANINE TRAINING & PET SERVICES



Pre Admittance Form

I, _____, hereby certify that my dog(s): _____ is/are in good health and has/have not been ill with any communicable condition in the last 30 days and is/are up to date on all required vaccinations.

I certify that I have fully disclosed any and all information regarding my dog's behavioral issues or bite history.

INTIAL HERE____

I understand that if my dog displays any threatening or aggressive behavior towards either humans or and/or live animals that for the safety and health of my dog and others, he/she will be muzzled during the consultation/or training sessions with Dogs Crossing.

INTIAL HERE____

I understand that I am solely responsible for any harm caused by my dog during its time spent with Dogs Crossing and its affiliates. I agree to be held responsible for medical costs resulting in injury caused by my dog.

INTIAL HERE____

I am aware of Dogs Crossing's (Rates and Fees) and (Cancellation Policy) and agree to pay as per agreed upon

INTIAL HERE____

Date: _____

Client Name: _____

Dogs Name: _____

Dog Breed: _____

Signature of Client: _____