

White Oak Animal Hospital
10 Walsh Lane
Fredericksburg, Va. 22405
540-374-0462 / fax 540-374-1798
Email woahvets@hotmail.com

Playtime & Training Participation Requirements

Welcome to White Oak Animal Hospital's playtime and training program. In order to participate in our program your dog must meet the following health requirements.

****Please take this form to your veterinarian to complete prior to participation.****

Date _____

Pet's Name _____

Owner's Name _____

Vaccines

DATE GIVEN

_____ DHLPP (Dist/Hep/Lepto/Parainfluenza/Parvo) (1 year or 3 year – **circle one**)

_____ Bordetella

_____ Canine Flu ***Bivalent***

_____ Rabies (1 year or 3 year – **circle one**)

Parasite Testing

DATE PERFORMED

_____ FECAL exam with **Giardia**, RESULTS: _____

Veterinarian signature _____ Date _____

Veterinarian's address and contact information: _____

OWNER PLEASE INITIAL

_____ **Negative fecal results required for participation.**

_____ **Monthly heartworm and intestinal parasite control highly recommended. Preventions that cover whipworms, hookworms, and roundworms are ideal.**

_____ **Flea and tick control highly recommended. Products that cover adult fleas, immature fleas, and flea eggs, as well as ticks, are ideal.**

Owner Signature: _____ Date _____

WHITE OAK ANIMAL HOSPITAL DOG PLAYTIME/ TRAINING PARTICIPATION GUIDELINES

PLEASE INITIAL:

_____ - Is your dog spayed or neutered? **YES or NO?**

Intact pet guidelines: FEMALES: - All females must be spayed by 7 months of age

- NO IN HEAT FEMALES ALLOWED IN PLAYTIME

MALES: - Male dogs under 50# must be neutered by 7 months of age

- Male dogs over 50# must be neutered by 12 months of age

_____ - All puppies must receive a Rabies vaccine by 16 weeks of age in order to continue participating in dog training. We require a current DHLPP, Bordetella, and Bivalent FLU vaccine to participate in any training services. A negative fecal to include giardia required for participation in group training services.

_____ - Any dog involved in an altercation with another dog may be asked to discontinue their participation in training. This decision will be made on a case-by-case basis and is at the sole discretion of White Oak Animal Hospital and its representatives.

_____ - Please make us aware of any signs of illness that you dog may have prior to **EACH** training session (i.e. coughing, diarrhea, etc).

_____ - White Oak Animal Hospital may use my dog's picture on their website or any social media site affiliated with White Oak Animal Hospital.

_____ - Seasonally, pools and water fun are provided for our playtime pups. Your pet may go home wet and happy!

NO SHOW POLICY:

_____ - Please contact us **24 hours in advance** to cancel a scheduled playtime/ training session. Our space is limited and we would like the opportunity to offer your space to another playful pup.

* If we have two documented "no show" appointments on your account, we will ask for prepayment on any future playtime/ training sessions. All future no show charges will be applied to your account at a rate of \$20.00. *

PLAYTIME/ TRAINING RISKS:

_____ - I acknowledge and agree that my dog's participation in Dog Playtime and other training services involves some risks. I knowingly assume all risks thereto.

Examples of risks: - Acquiring kennel cough or canine influenza

- Injury

- Infection

- Parasites (internal and external)

I do herewith disclaim and indemnify and hold harmless the officers, directors, and employees of White Oak Animal Hospital from any and all loss, damage, and expense caused by reason of participation in Dog Playtime and training services.

_____ - I am aware that I am financially responsible for all fees associated with these risks.

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PET TRAVEL RELEASE FORM
W/ TRAINING

I, _____, release White Oak Animal Hospital and its representatives of any liability associated with the following:
-Transporting of my pet to and from White Oak Animal Hospital.
-Participation in training services in other locations (i.e. downtown Fredericksburg, PetsMart , etc.). I am also aware that a veterinarian from White Oak Animal Hospital is not present at these locations. In case of an emergency, the training staff will return the dog to White Oak Animal Hospital for emergency care.

I understand the risks involved with the utilization of these services.

Owner/Agent Signature

Date

Witness

P T DOG TRAINING

Play and Train Questionnaire

Date: _____.

Client's Name:

_____.

Phone (c) _____ . (w) _____.

Dogs name: _____ . Breed: _____.

Age: _____ . Sex: M / F Email- _____.

Neutered: Y / N at what age? _____.

What specific items would you like for the trainer to accomplish with your dog?

Does your dog eat all their food immediately/always? Y/N How much do you feed? _____

What percent of the time does your dog obey the following commands?

Sit Down Stay Come Off Heel (no pull)

Behavior issues:

Does your dog jump on you or others w/o permission? Y/N explain _____

Does your dog paw at you or others? Y/N explain _____

Does your dog lick you? Y/N Explain _____

Does your dog mount people? Y/N If yes whom does he/she mount? _____

Does your dog mount other animals or objects? Y/N If yes, describe. _____

Does your dog ever bark at you? Y/N Describe _____

Does your dog bark at other times? Y/N Describe _____

Does your dog dig or chew destructively? Y/N Describe _____

Is your dog housebroken? Y/N Describe _____

Does your dog raid the garbage? Y/N Describe _____

Does your dog steal food from table/counters? Y/N Describe _____

Does your dog urinate when excited or scared? Y/N Describe _____

Has your dog ever bitten a person or animal? Y/N Describe _____

Other: _____.

What is your dogs' general activity level? Low/Average/High/Excessive

Please add any comments that may be of help in working with your dog.