

# WHITE OAK ANIMAL HOSPITAL DOG PLAYTIME/ TRAINING PARTICIPATION GUIDELINES

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

## 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)*  
- *Viral Illnesses*

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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\_\_\_\_\_ - **ALL TRAINING SERVICES ARE NON-REFUNDABLE**

\_\_\_\_\_ - 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!

\_\_\_\_\_ - I release White Oak Animal Hospital and it's representatives of any liability associated with the following:

-Transporting my pet to and from White Oak Animal Hospital

-Participation in training services in other locations (i.e. downtown Fredericksburg, PetsMart, etc.)

-I am 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 my pet to White Oak Animal Hospital for emergency care.

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: \_\_\_\_\_

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**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 \_\_\_\_\_

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.