

Woodside TTouch Registration Form

Return to: 8818 First Avenue
Silver Spring, Maryland 20910

Please Complete Both Pages of This Form

Workshop Name and Location: _____ Date: _____

Person's Name: _____

Street Address: _____

City, State, Zip: _____

Home Phone : _____ Work: _____

Mobile Phone: _____ Email: _____

Companion's Name: _____ Breed/Species: _____

Age: _____ Sex: _____ Neutered? _____

Date of the most recent visit to the Vet: _____

Are there any chronic conditions, illness or diseases I should know about? _____

How long have you been together? _____

Are there any other animals or pets in your household? _____

What is your companion's normal diet? _____

Does your companion have behaviors you would like to see changed? _____

What are your long range expectations or goals for your companion? _____

Does everyone in your household expect the same thing of your companion? _____

Is there anything I should know about your companion or its living situation? _____

How did you hear about Woodside TTouch? _____

Please Complete the Second Page of This Form

Please check all that apply:

What activities do you and your companion do together?

- Agility Assistance/Therapy Family Pet Obedience
 Rescue Show Search/Rescue Tracking/Field Work

How much activity does your companion get each day?

- Couch Potato Occasional Walks Regular Walks
 Activity throughout the day

Personality:

- Afraid of Strangers Aloof Eager to Please Friendly
 Lethargic Nervous Shy Temperamental

Behavioral Concerns:

- | | | |
|--|---|---|
| <input type="checkbox"/> Barking | <input type="checkbox"/> Jumping Up | <input type="checkbox"/> Pulling on the leash |
| <input type="checkbox"/> Biting | <input type="checkbox"/> Hissing | <input type="checkbox"/> Scratching |
| <input type="checkbox"/> Chewing | <input type="checkbox"/> Licking | <input type="checkbox"/> Slippery Surfaces |
| <input type="checkbox"/> Digging | <input type="checkbox"/> Mouthing | <input type="checkbox"/> Submissive Urination |
| <input type="checkbox"/> Fear of loud noises | <input type="checkbox"/> Nail Clipping | <input type="checkbox"/> Thunderstorms |
| <input type="checkbox"/> Grooming | <input type="checkbox"/> New Environments | <input type="checkbox"/> Veterinarians |
| <input type="checkbox"/> Growling | | |

Has Your Animal Ever Been Aggressive to: Dogs? People? Cats?

Has Your Dog Ever Bitten A Person? Another Dog? Broken the Skin?

Special Considerations and Health Concerns:

- Aging Arthritis Car Sickness Dysplasia Lameness Stress Surgery

I understand that attendance of Tellington TTouch® Animal Companions Training Session is not without risk to myself, my dog, members of my family or guests who may attend, because some of the dogs to which I will be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care. I hereby waive and release Pam Wanveer, Woodside TTouch, Linda Tellington-Jones, Animal Ambassadors, Inc., Tellington TTouch Animal Companions Training Sessions, and their instructors, agents, representatives, and assistants and owners from any and all liability of any nature, for injury or damage which I, my family, my guests or my dog may suffer, including specifically, but without limitation to, any injury or damage resulting from the action of any dog, including my own, and I expressly assume the risk of such damage or injury while attending any training sessions. I give Pam Wanveer permission to do Tellington-TTouch work on my companion animal. I understand that there are no guarantees, expressed or implied, of changing the above companion animal's behavior or health condition. The undersigned grants full permission to use any photographs or videotapes of this event for any purpose.

Signature _____ Date: _____