



Boarding:

Start Date: _____ **Drop-off Time:** _____

Pick-up Date: _____ **Pick-up Time:** _____

Please Note: Overnight fees are charged on a *per night* basis with pick-up **before** 2:00pm. Pick up **after** 2:00pm, a daycare fee will be applied on day of pick up only. **Please respect your scheduled pick-up and drop-off times!!** For everyone's safety, DO NOT open gate until someone arrives to let you in.

Date of: Last Vaccine _____
 Flea Treatment _____
 Worming _____

Members Rate per night is:

_____ nights @ \$34.00 = \$ _____

Non-members, puppies under 10 months of age and/or intact Rate is:

_____ nights @ \$42.00 = \$ _____

1 Daycare @ \$20.00 = \$ _____
 (applied to after 2pm pickups on day of pickup only)

_____ hrs training @ \$45/ = \$ _____
 (Includes 1hr private session with owner, must be scheduled within 72hrs of pick up)

TOTAL \$ _____

Owner's Name: _____

Mailing Address: _____

City: _____ **Postal Code:** _____

Home Phone: _____ **Alt. Phone:** _____

Email Address: _____

Dog's Name: _____ **Age:** _____

Breed: _____ **Sex:** _____ **Altered:** Yes No

How did you hear about Canine Conduct: _____

Waiver

I agree that *Canine Conduct* has the right to refuse this application for causes that it shall deem to be sufficient. In consideration of the acceptance of the application and the provision of training, I agree to hold the organization, *Canine Conduct*, including it's officers, directors and owners of the premises/property harmless from any claim for loss or injury which may be alleged to have been caused directly to any person or thing by the act of this/these dog(s) while in or upon any organization premises or grounds or near any entrance thereto, and I personally assume all responsibility and liability for any such claim. I further agree to hold the aforementioned parties harmless from any claim for loss of this dog by disappearance, theft, death or otherwise, and from any claim for damage or injury caused or alleged to be caused by negligence of the parties aforementioned, or by the negligence of any other person, or any other cause or causes. I hereby assume the sole responsibility for and agree to indemnify and save harmless the aforementioned parties from any and all loss and expenses (including legal fees) by reason of the liability imposed upon by any of the aforementioned parties for damage causing bodily injures, including death, at any time resulting from or sustained by any person or persons including myself, or on account of damage to property arising out of or in consequence of my participation in any *Canine Conduct* event, howsoever such injuries, death or damage to property may be caused or may have been alleged to have been caused by negligence of the aforementioned parties or any of their employees, agents, or any other person.

Signed: _____
 (Guardian must sign if handler is under 19)

Date: _____

Feeding: _____ x/day Amount: _____ Name/Brand of food: _____

Where fed: _____ How (sit/stay first?): _____ Time(s): _____

People food? Yes No Food Allergies: No Yes _____

Medications: _____ x/day Amount: _____ When: _____

Motivation: Food Toys Praise

Crate trained: Yes No **Allowed on furniture:** Yes No **Free range of house:** Yes No

Sleeping arrangements: _____
(where/what time/ritual?)

Home alone arrangements: _____
(examples: put in crate, okay loose in house, maximum 4 hours)

Communication - check all that is known and write word/signal:

What is Release Cue? _____ (examples: "free" "ok" "ta da")

- | | | | |
|---------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Recall _____ | <input type="checkbox"/> Yes _____ | <input type="checkbox"/> Potty _____ | <input type="checkbox"/> Clicker _____ |
| <input type="checkbox"/> Sit _____ | <input type="checkbox"/> No _____ | <input type="checkbox"/> Walk _____ | <input type="checkbox"/> (car) Ride _____ |
| <input type="checkbox"/> Stay _____ | <input type="checkbox"/> Wait _____ | <input type="checkbox"/> Around _____ | <input type="checkbox"/> Leave (drop) it _____ |
| <input type="checkbox"/> Down _____ | <input type="checkbox"/> Fetch _____ | <input type="checkbox"/> Heel _____ | <input type="checkbox"/> Look (at me) _____ |
| <input type="checkbox"/> Off _____ | <input type="checkbox"/> Take _____ | <input type="checkbox"/> Out _____ | <input type="checkbox"/> Off-leash play _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Behavioural - check all that applies:

- | | | |
|---|--|---|
| <input type="checkbox"/> Jumps | <input type="checkbox"/> Strong prey drive | <input type="checkbox"/> Guards (food/toys/space) |
| <input type="checkbox"/> Unwanted barking | <input type="checkbox"/> Pulls/lunges on leash | <input type="checkbox"/> Digs |
| <input type="checkbox"/> Rushes door | <input type="checkbox"/> Mouth/bites: ___ grooming, ___ children, ___ other dogs | |
| <input type="checkbox"/> Obsessive behaviours (describe): _____ | | |
| <input type="checkbox"/> Phobias/fears: _____ | | |

Travel & Contact Information:

Number where you can be reached: _____

Travel Destination: _____

Veterinarian's Name: _____ Phone #: _____

In case of a medical emergency, please tell us your dollar limit (to stabilize until we can reach you):
\$ _____ ~ it is advisable to have your credit card number on file with your veterinarian ~

In the event of an emergency, would you like to be contacted: ___ immediately; ___ upon arriving home;
___ upon the judgment of Canine Conduct; ___ only inform emergency contact listed below.

Emergency Contact Name: _____ Phone #: _____

Packing List:

- Completed Dog Sitting Form from Canine Conduct - please remember to sign and date and feel free to use the back of the form for additional information.
- Optional - List of training wanted (walking on leash, manners at door, recall, etc)
- Crate Bedding and/or favourite blanket or bed
- Treats (especially if a cookie is given at bedtime)
- Medications - well labelled with clear instructions
- Food (we have plastic lids for cans)
- Scoop for food
- Food Dish (no need to pack water dish)
- Chew toy (may not survive visit!)
- Collar with ID - we do affix a Canine Conduct tag with an identifying number
- Leash to go from car to camp. Leash will stay with you.

Directions to Canine Conduct Training Grounds at 7778 Sturgess Road in Black Creek:

North from Courtenay - take Highway 19A (old highway) to Left onto Endall Road (~6km from Merville Store). Travel 2km on Endall, then turn left onto Sturgess Road. We are about ½ km down the road on the Left side. Please park to the side of the gate.

South from Campbell River - take Highway 19A (old highway) to Right onto Endall Road (~2km from Black Creek Store). Travel 2km on Endall, then turn left onto Sturgess Road. We are about ½ km down the road on the Left side. Please park to the side of the gate.

For everyone's safety - ONLY ENTER into the holding pen during both drop off OR pick up and WAIT there until someone comes out - no need to honk, call or text - we know you are there, but have dogs to tend to first. If you arrive during your scheduled time, thank you, you will not have to wait.

Feel free to call/text me at anytime! Direct number is 250-898-3173

~ Jane ~