



Calm Companions

Vet and Behaviour Services

Dr Nela Graham, BVSc, MANZCVSc (Behaviour Medicine)
Veterinary Behaviour Consultations
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Open Enrollment Puppy Class - Registration Form

This form will expand to provide you as much writing space as you require.

1) **Name(s) of family members:** _____

2) Phone: Home: _____ Mobile: _____

3) Email: _____

4) Address: _____

5) Do you have children at home? Yes No

If Yes, how old are they 0-5 5-10 10-14 14-18

6) **Puppies Name:** _____

7) Puppies Age and Date of Birth: _____

8) What breed is your puppy: _____

9) Is your puppy Male or Female

10) How long have you had this puppy? _____

11) Where did you get your puppy from (be specific)? _____

12) Have you, or your family, owned a dog before? Yes No

If "yes" which breed(s) _____

13) How long is it since you've *lived* with a **puppy**? _____

14) Have you ever attended a puppy school in the past? Yes No

15) Why did you get your puppy? _____

16) How would you describe your puppy? _____

17) What would you like to learn in our Puppy Classes? _____

18) Any other comments you would like to make? _____

Thank you. We look forward to meeting you and your puppy!

Office use only: Vaccinates sighted:

Terms and Conditions

I understand and agree to take part in the 6-week puppy program with Calm Companions under the following conditions:

- 🐾 I shall be responsible for my dog's behaviour whilst training with Dr Nela and any assistant trainers. I agree to hold to the rules of the classes laid out in this document.
- 🐾 Puppies must have had their *first* vaccination at least 10 days prior to the commencement date of the program. The certificate must be sighted by Dr Nela before the first class. All following vaccinations must be kept current and up-to-date.
- 🐾 If your puppy has not yet had their second vaccination, you must provide Dr Nela Graham - Calm Companions with the date your puppy is due for its second vaccination. If the second vaccination is not fulfilled on time, participation in following classes will not be permitted.
- 🐾 **I understand that the first class is a 2-hour Orientation Lesson for the family only and will not bring my puppy to this class.**
- 🐾 **I understand I have the option of up-grading the First Orientation Class to a Private Home Visit Puppy Set-up. Normally Private Puppy Set-ups are \$250 but are offered at a reduced rate of \$150 for those signing up to the Calm Companions Puppy Programs. A home-based visit will provide Dr Nela the opportunity to offer more tailored advice to suit your home and family environment.**
- 🐾 All puppies must remain on a flat collar (or harness) and lead at all times, both outside the venue and inside, unless directly instructed by Dr Nela Graham or associate trainers.
- 🐾 Children are welcome to attend classes. However, for each child under 12, there has to be one adult responsible for them.
- 🐾 Please note that no child under 18 will not be allowed to attend the classes without an adult.
- 🐾 I hereby absolve Dr Graham, Associate Trainers, Calm Companions and Labrador Scout Club from all actions, arising directly or indirectly from your dog or yourself attending training at Labrador Scout Club or at the home-based venue.
- 🐾 I understand and accept that Payment is non-refundable unless 7 days' notice is given, when a full refund will be given minus \$50 for an administration fee.
- 🐾 I acknowledge that I have read these conditions and hold myself bound thereto.

Signed: _____

Date: _____

Standard \$200 price includes: Professionally run 6-week puppy program, notes and handouts where available, individualised support throughout the 6 weeks and the puppy socialisation passport.

Discounted classes are available in certain circumstances.

Full Payment is required minimum 24hrs before the first lesson

Cash or Direct Debit

Bank: Commonwealth Bank

Account Name: Calm Companions

BSB: 06 4794

Account: 1004 0096



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Photo and Video release CONSENT FORM
(Optional, but greatly appreciated if agreed to)

I, the person named below of the schedule hereby consent to Calm Companions taking photographs and/or videos of me with or without my dog to assist you in your business. I waive any rights which I might otherwise have in relation to those photographs or the use which you might make of them for your website, presentations, DVD'S and other marketing material.

SCHEDULE

Name: _____

Date: _____

(Signature)