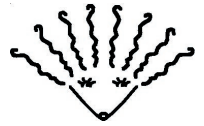


Date of Workshop: _____



Dancing Porcupine®

barking•biting•clawing•chewing•jumping•pulling•cha-cha-cha!

profile

Your Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Dog's Name: _____

Breed: _____

Age: _____ Sex: _____ Diet _____ Weight _____

What do you and your dog do together? agility assistance/therapy family pet
rescue show tracking other _____

How much activity does your dog have each day? regular walks couch potato
occasional walks active throughout the day other _____

SPECIAL NEEDS: Does your dog have a chronic illness or disease, lameness, etc.? Please explain.

CONCERNS: aggressive to people; to dogs; to cats barks excessively bites
chews digs jumps pulls on a leash grooming separation anxiety
other _____

PERSONALITY: friendly eager to please nervous/temperamental lethargic
afraid of strangers aloof shy other _____

What is your specific goal for this workshop?

How long have you and your dog been together?

Are there other animals in your household? Explain.

How much, if any, exposure have you had with TTouch/TTEAM?

WAIVER: I hereby waive and release owners and instructors, agents, representatives and assistants of **Dancing Porcupine LLC** and **Agile Canines** - and the owners of any and all animals I work with - from any liability of any nature, for injury or damage which I or my dog may suffer, including specifically, but without limitation, 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 the training session. Furthermore, my dog is current on his/her rabies vaccination.

MAIL TO: _____ (signature)

Sage Lewis
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Saint Paul, MN 55117

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612.817.4473