

Registration for Phone Consultations

****This form for Phone Consultations only! Please do not use this form for any other service.**

Policies and procedures:

1. Toll callers will be responsible for long distance charges and you will be asked to call me at a designated phone number.
2. Your appointment begins at the designated appointment time whether or not you are there when I call (or in the case of long distance, if you do not call on time). If you are not there, I will continue to call every five minutes for the first fifteen minutes only. The missed time may not be able to be made up (it is not fair to the next appointment following yours). For example, if you are 5 minutes late with your call, you will lose that time but still be responsible for the full charge for your scheduled time.
3. If there is a problem on my end that delays the call, you will not be penalized and you will receive your allotted time in full.
4. You can cancel your appointment for full refund as long as we are notified by the last business day (M-F 10-4 pm) prior to your appointment. Cancellations the same day receive credit only towards any of our services, but I issue a refund.
5. Cost: 30 minutes - \$15 (min. charge),/ 45 minutes \$20/ 60 minutes - \$25
6. If there are unused minutes (over the 30 minute minimum), you will receive a refund or a credit towards any of our services at the rate of \$2 for every 5 minutes not used. Refunds are for unused minutes only and processed via check.

Name: _____

Home Address: _____

Home phone: (_____) _____ - _____

Work phone: (_____) _____ - _____ emergencies only?

Email(required): _____ Cell phone: _____

Referred by: Veterinarian Internet Yellow Pages friend other: _____

Amount of time scheduled (please see Page 3 before completing this section):

____ 30 minutes - \$15 ____ 45 minutes \$20 ____ 60 minutes \$25

Topic(s) you would like to cover. (see Page 3 for more details-please use Page 3 if you would like to include details):

I understand and agree to the above stated policies and procedures.

Signature of Person who will be calling
(must be 18 yrs. of age or older)

Date

Payment information on next page.

*Whenever possible, I like to set up appointment times via email to save time playing phone tag. Toll calls will always be scheduled via email. Please make sure we have a valid email address for you!
Email addresses are kept confidential and not placed in my computer.



___ Check enclosed ___ Visa or Mastercard information below.

To mail:

Our mailing address is:

Canine Learning Center, Inc.
PO Box 492006
Lawrenceville, GA 30049

To fax: If you are using a Visa or MasterCard, you may fax your registration to 770-277-8860 (10 am-10 pm only please). Fax machine is secure.

****Note:** Please make sure your information is correct and that you have enough of a credit line to process the transaction!

For Visa/MasterCard payments:

Visa/Master Card Authorization **

Name of Card Holder: _____

Address (if different from first page):

Card Number:

___ Visa ___ Master card ___ American Express

_____ - _____ - _____ - _____ exp date ___/___

Card Verification # (3 or 4 digits on back of card) _____

Amount \$ _____. _____

X _____ date _____
Authorized Cardholder

Credit/debit card will be processed upon receipt unless other arrangements have been made.

Please continue to page 3 to complete registration.



What would you like to discuss during your appointment? Your phone consultation can be about anything you like that can be handled without meeting the dog. To give you some ideas, below is a list of the average time spent on discussing the more common puppy topics. Remember that reading the article on the website will save time.

<u>Topic</u>	<u>Average time spent</u>	<u>Article on website?</u>
Housebreaking	25-45 minutes	yes
Chewing	10-20 minutes	yes
Biting	25-45 minutes	no
Hyperactivity	15-25 minutes	no

Please write legibly! Time is lost if I have to decipher your handwriting ☺ ! **Please remember the optional questionnaire on Page 4. It can save time during your phone consultation.**



Optional Questionnaire

Please take a few minutes to answer the following as it will save time during the consultation.
Please be as honest as possible. We are here to help, not to judge.

Name: _____ Dog's Name: _____

Breed: _____ Age: _____ Sex: _____

Is your dog spayed or neutered? _____ At what age was this done? _____

Where did you acquire your dog?:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Referred Breeder | <input type="checkbox"/> Rescue/humane group | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Shelter. | <input type="checkbox"/> Pet Shop | <input type="checkbox"/> Other: _____ |

How old was your dog when you got him/her?: _____

Do you have a fenced in yard? _____

How does your dog get his/her exercise?

Where does your dog stay:

during the day when you are home? _____

during the day when you are not home? _____

at night when you are home and during waking hours? _____

while you are sleeping? _____

Is your dog trained to a crate? Yes No

How many in your family? _____ If there are children, please specify their ages:

Do you have other pets? Please list:

What **brand** of dog food do you feed your dog?