



Quichapa Kennels Registration and Liability Form

Owner Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Phone Number (home) _____ (Alt. #) _____

Dog's Name(s) _____

Dog's Date(s) of Birth _____ Sex _____

Breed(s) _____ Fixed or not _____

Start Date _____ Kennel Preference (circle one): Indoor Outdoor No preference

****Our indoor kennels are in a steel barn, not a heat regulated facility. Outdoor kennels are fully roofed and equipped with insulated dog houses in the winter time. Kennels are 5x10' dog runs.**

Program Fees and Time Frame (Check all that apply below)

☐ Obedience training (1 month \$1,000 -or- 2 dogs, 6 weeks \$2,800)

Sending 2+ dogs? (circle one): CAN share a kennel CANNOT share a kennel

☐ Upland bird dog training (1 month obedience+1-2 months upland training, \$2,100-\$3,200+)*

*Price will vary depending on current bird prices and the amount of birds used

☐ Waterfowl training (1 month obedience+1-2 months waterfowl training, \$2,100-\$3,200)

☐ Shed hunting training (1 month obedience+1-2 months shed hunting, \$2,100-\$3,200)

☐ Aggression Training (1-2 months, \$1,500 per month, based on dog's level of aggression)

☐ Specialty training (time frame and prices vary)

Please initial the following statements:

___ I understand that Quichapa Kennels requires 50% of the training fee to be paid on or before the first day of training. The last half of the training payment will be paid by the last day of training.

___ I understand that any veterinary expenses incurred at the kennel due to illness or injury are my (the owner's) responsibility, and not the responsibility of Dallin and Danielle Goold or Quichapa Kennels.

___ I understand that Dallin and Danielle Goold, along with Quichapa Kennels, are not liable for any illnesses, injuries, behaviors or incidents that occur before or after the training period.

___ I understand that my dog will be exposed to elements of the outdoors (wind, rain, snow, dust, mud, etc.) during the training. This applies to both indoor and outdoor kennels.

___ I understand that visitations are not allowed during the training period. For security and time reasons, pick-ups and drop-offs will be done at the Goold residence, not at the kennel.

___ I guarantee that my dog is not pregnant and/or is not waiting on pregnancy test results at this time.

Quichapa Kennels, LLC
Cedar City, UT 84720
801-669-4057
www.quichapakennels.com

____I understand that consistently using the ecollar after the training is vital to my dog's success. If I am not willing to use the ecollar, Quichapa Kennels can give no guarantee to my dog's behavior or the training.

My dog has acted out aggressively or caused harm to another animal or person Yes____No____

If yes, explain:_____

My dog has shown signs of anxiety (climbing, digging, timidity, aversion to loud noises) Yes____No____

Which behaviors:_____

My dog is currently taking medication or has a medical condition Yes____ No____

If yes, what conditions/medication(s) and reason for taking:_____

Please list any medical history (illness, injury, surgery, etc.)_____

____I understand that any exacerbation, illness, injury or death related to said conditions/medications are not the responsibility or fault of Dallin and Danielle Goold or Quichapa Kennels. (Please initial)

____My dog is current on the following vaccinations: Rabies, DAPP* and Bordetella. (Please initial)

*or other variations of the combination vaccine. **REQUIRED**

My dog has been dewormed in the past month or is on a HeartWorm program Yes____No____

*If no, I understand that any sickness or disease that does or could develop during my dog's stay at the kennel is my (the owner's) responsibility, not the responsibility of Dallin and Danielle Goold with Quichapa Kennels. Yes____No____

I give Quichapa Kennels consent to post pictures of my dog taken during training on social media or on the Quichapa Kennels website. Yes____No____

Emergency Contact Name: _____

Relation to owner _____Phone Number _____

This person is allowed to make medical decisions for my dog if I (the owner) am unable to be contacted Yes____ No____

*Trainer reserves the right to discontinue training at any time. Owner also reserves the right to discontinue training at any time and money paid will be pro-rated and returned to owner.

Owner's Signature_____Date_____

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