

TASHA'S FRIENDS' SCHOLARSHIP APPLICATION

Date: _____

Dog Owner Name: _____ Email: _____

Address: _____ City/State/Zip: _____

Mobile Telephone: _____ Home Telephone: _____

What is your primary goal for providing training for your dog? _____

Are you a current Misty Pines Client? Yes No
If yes, what services have you used: Boarding Grooming Day Care Training Classes Private Lessons
Are you able to partially financially contribute to training your dog? Yes No
Annual household income? 10,000-20,000 20,000-40,000 40,000-60,000 60,000-80,000 80,000+

WORK HISTORY (start with the most current or recent first)

Owner:

Company: _____ Mo/Yr Hired: _____ Mo/Yr Left: _____

Job Title: _____ Reason for leaving: _____

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Job Title: _____ Reason for leaving: _____

A photo of each pet owner with their pet is required. Have you provided a photo? Yes No
How did you hear about this scholarship? _____
Where did you obtain your pet? _____ At what age was your dog? _____

Personal and/or Professional References:

Give names and contact numbers of people that you have known longer than one year.

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____

PET HEALTH HISTORY

Name: _____ Breed: _____ Age: _____ Male Female Neuter/Spay

Veterinarian Facility: _____

Please indicate the dates (month/year) your pet received the following: Last veterinarian exam _____

Fecal _____ Rabies _____ DHPP _____ Leptospirosis _____ Bordetella _____

Flea Prevention: No Yes Has your pet been tested for Thyroid disease? No Yes

What brand of food do you feed your dog? _____ How much per day? _____

TRAINING HISTORY

Type of collar/leash used? Flat collar Gentle Leader Scruffy Guider Electronic Other _____

Have you used other training facilities? No Yes Where? _____

How many dog training classes have you attended? _____ What were they? _____

Have you ever tried modifying your dog's behavior either on your own or with a professional? _____

If yes how did you try modifying their behavior? _____

PET BEHAVIOR (Check all that apply)

House soils Jumping Up Runs Away Unruly Chews

Anxiety

Barks Digs Shy Fearful Mouthing

Growls at People Growls at Dogs Pulls on leash Other _____

Is your dog possessive of: Toys Treats Food Bed Owner/Family Members

Has your pet ever bitten anyone? No Yes If yes: Animal Person _____ # of times

Please explain circumstances _____

Please list other problem areas _____

PET GOALS

How do you feel about your pet at this time? _____

What is your primary goal for for your dog's training _____

How much time do you spend with your pet on a daily basis? _____

Do you have time to spend with your dog to continue with training? At home At Misty Pines

Please note: A personal interview (Behavioral Consultation) is required for each selected applicant. The standard Behavioral Consultation fee is \$89.00. We require a co-op payment of \$10.00 for accepted scholarship applicants unless prior arrangements have been made.

What are the days/times of your availability for the consultation session? Appt times: Monday thru Saturday 8am-5pm

Days: M T W H F S (circle available days) Times: _____ am/pm

I certify that the information above is complete and accurate to the best of my knowledge. I authorize Misty Pines Dog Park Company to verify the information contained herein, and further authorize the individuals and companies indicated to verify statements I have made and release them from liability for so doing. I understand that incomplete or unsigned applications will not be considered, and that false, incomplete, or misleading statements are grounds for my immediate discharge. This application is not intended to create a contract with Misty Pines Dog Park Company.

Signature

Print Name

Date

I am willing to continue to support my dog throughout the program and continue with follow-up training? "A dog is only as good as its Master!"

Signature

Print Name

Date

Applications will be kept on file for six (6) months from date of application.

All information contained in this application is considered confidential and will not be released to any unauthorized personnel.