

# **EXTREME CANINE MAKEOVER CHALLENGE**



## **Extreme Canine Make-Over Requirements:**

- Be 18 years of age or older.
- Fill out attached application and agreement forms.
- Provide 2 verifiable references.
- Please provide a headshot photo of yourself with a 3-5 sentence biography for marketing purposes. (Optional)
- Include a 3-5 sentence paragraph explaining why you should be selected for the event.
- Please provide a written statement on any restrictions you may have for your canine companion.

## Trainer Application:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Primary Phone: \_\_\_\_\_ Emergency Number \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Method of Communication: \_\_\_\_\_

## Questionnaire:

1. Have you ever been accused or convicted of animal abuse/neglect/cruelty? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

2. How many years have you trained dogs? \_\_\_\_\_

3. Are you a professional trainer or have you received compensation for training?  
\_\_\_\_\_

4. What is your experience level/ dog handling experience?  
\_\_\_\_\_

5. Do you have any certifications? \_\_\_\_\_

6. Do you have children? \_\_\_\_\_ If yes, what are their ages? \_\_\_\_\_

7. Where do you plan on housing the animal while in your care? \_\_\_\_\_

8. How many hours per day will the animal be left alone? \_\_\_\_\_

9. Will you allow a SafeHaven staff member to visit the animal in your home if needed? **Yes / No**

10. Do you have a securely fenced yard? **Yes / No**

11. Are you able to bring the dog to the shelter for checkups/ Vaccinations? **Yes / No**

12. Can you supply regular updates about the animal to a shelter representative?

**Yes / No**

13. Your Veterinarian's name and phone number: \_\_\_\_\_

14. How did you hear about the Extreme Canine Make- Over? (Please circle one)

Flyer (located at \_\_\_\_\_)/ SafeHaven/ Friend/ Relative/ Website/ Facebook

## Reference Form 1

*Two Reference Forms must be submitted with the application.*

Name of Applicant: \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Reference Phone Number or Email \_\_\_\_\_

1. How long have you know the applicant?
  
  
  
  
  
  
  
  
  
  
2. How often do you see the applicant work with canines?
  
  
  
  
  
  
  
  
  
  
3. Do you have any concerns about the animals in the care of this applicant?
  
  
  
  
  
  
  
  
  
  
4. Would you recommend this applicant to other people for help with their animal?

Additional Comments: (Regarding Skill, work ethic, values, etc.)

## Reference Form 2

*Two Reference Forms must be submitted with the application.*

Name of Applicant: \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Reference Phone Number or Email \_\_\_\_\_

5. How long have you know the applicant?
  
  
  
  
  
  
  
  
  
  
6. How often do you see the applicant work with canines?
  
  
  
  
  
  
  
  
  
  
7. Do you have any concerns about the animals in the care of this applicant?
  
  
  
  
  
  
  
  
  
  
8. Would you recommend this applicant to other people for help with their animal?
  
  
  
  
  
  
  
  
  
  
9. Additional Comments: (Regarding Skill, work ethic, values, etc.)

## Extreme Canine Make- Over Treatment Policy

Strict Ethical Standards- At SafeHaven Humane Society, we are committed to using positive, rewards-based training methods to help dogs build valuable lifelong skills. To ensure all dogs are treated fairly and humanely, there will be a strict code of conduct for all participants.

Trainers in this contest will adhere to the code of Least Intrusive, Minimally Aversive (LIMA) conduct adopted by the Pet Professional Guild (PPG), the International Association of Animal Behavior Consultants (IAABC), the Association of Professional Dog Trainers (APDT), and the Certification Council for Professional Dog Trainers (CCPDT) outlined below:

<https://m.iaabc.org/about/lima/>

I, \_\_\_\_\_ (Print Name), understand that SafeHaven Humane Society doesn't tolerate harsh, corrective or rough handling of dogs in the name of training. Dogs in the Extreme Canine Make- Over will be trained with respect, kindness and an absence of pain or fear. Training methods that include using corrective equipment including but not limited to pinch collars, choke chains, and electronic collars will not be permitted. I understand that the use of these practices will result in my elimination from the contest.

Contestant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Waiver of Responsibility

I \_\_\_\_\_ am about to participate in the voluntary care of an animal for SafeHaven Humane Society, and I am doing so entirely upon my own initiative, risk, and responsibility. I hereby for myself, my heirs, my executors remise, release and discharge SafeHaven Humane Society, its officers and employees from all claims, demands, actions, or cause of action on account of any injury to me or my property which may occur during my voluntary time in the Extreme Canine Make-Over. I also certify I have answered the above information honestly and read the attached information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_