

Registration Form

Class size is limited to between 4 and 8 dogs on a first come, first served basis. If classes are filled when your payment is received, will we return the check to you or apply it to our next session, or towards a private class. (We will notify you if classes are filled and offer you these options.)

Scheduled class:

(DATE) _____ (TIME) _____ (DAY) _____

Name of Human Family Member Contact _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Work Phone** _____

Cell _____ **E-Mail** _____

Dog's Name _____

Breed _____ **Age** _____ **Sex** _____

Neutered / Spayed *(circle one)*

Dog's birthday _____

Where did you get your dog? _____

Does your dog have any allergies, physical handicaps or limitations?

Has your dog ever bitten a human or other animal and drawn blood? (Actual puncture wound). Please explain. *(Use other side if necessary)*

What are your goals for you and your pup during this class?

(Use other side to continue if necessary)

Veterinarian's Name and Clinic Name

Phone _____

What kind of dog food do you feed your dog? *(Brand and whether dry, moist or combined)*

Where does your dog sleep?

How did you hear about our classes?
