Name: __________________________________________________________________________

Address: _________________________________________________________________________ City: ______________ State: ______ Zip: ____________

Phone: ______________ Other Phone: ______________ Email: _______________________________

Emergency Contact: ____________________________________________ Veterinarian: ____________________________

Dogs Name: _______________________________________________ Breed: _______________________

Dogs Date of Birth: _______________ Weight: _______________ Male/Dog ☐ Female/Bitch ☐

1. Has ☐ the dog in this class or ☐ other dogs in your household had any Obedience training? ☐ Yes ☐ No
   If Yes, where: __________________________________ to what level/titles? ________________________________

2. Has ☐ the dog in this class or ☐ other dogs in your household had any other training? ☐ Yes ☐ No
   If so, where: __________________________________ to what level/titles? ________________________________

3. What would you like to accomplish in this class? _________________________________________________

4. How did you hear about our classes? ___________________________________________________________

5. Please check any additional dog training interests you have:
   ☐ Advanced/competition Obedience ☐ Competitive Agility ☐ Pet Therapy
   ☐ Rally Obedience ☐ Canine Good Citizen Certificate (CGC) ☐ Other, list: ___________________________

Check all that apply: My dog is:

☐ Confident ☐ Dominant ☐ Calm ☐ Hyper

☐ Friendly ☐ Submissive ☐ Shy ☐ Dog Aggressive ☐ Human Aggressive

☐ Other Interesting Traits: _________________________________________________________________

NOTE: True aggression is not appropriate for class setting.

Please check the class you are registering:

☐ Basic Pet Obedience ☐ Beyond Basic Obedience
☐ Beginning Agility *Pre Requisite – Basic Obedience ☐ Novice Agility Handling * Pre Requisite – Basic Obedience
☐ Private Lesson ☐ CGC Preparation Class

Class start date: __________________________ Time: __________________________

Class size is limited. Pre registration and payment is recommended to hold your spot in the class. Classes are one
hour one night per week and run in sessions of 6 consecutive weeks.

Staff use only:

☐ Copy of Vaccination record attached ☐ Waiver signed
☐ Payment received Amount $___________ Emp. Initials_________  Revised03/2017