



Animal Barn-Pet Paradise

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DOG TRAINING CLASS APPLICATION

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 Obedienc
 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 _____