

OBEDIENCE CLASS REGISTRATION

Class Starting Date: _____

Client Name: _____

Dog Name: _____

Address: _____

Breed: _____

Phone: _____

Sex & Age: _____

Prior Obedience Classes: _____

Is the dog up to date on vaccines & worming: Yes / No

Name of Veterinarian: _____

Rabies vaccine: Yes / No

Behavioral Issues

Is your dog aggressive towards humans? Yes / No

Has your dog ever bitten anyone: Yes / No

Is your dog aggressive towards other dogs: Yes / No

Is your dog timid or shy: Yes / No

Anything about your dog's history that you feel is significant and that the trainer should know about?

Any significant bad experiences with your dog?

List any problems that you are experiencing with your dog:

Why have you started this obedience course?

Is it alright with you if the instructor works with your dog? Yes / No

I understand that I am responsible for my dog at all times. I will keep my dog "on-leash" at all times in class, except in the event the instructor requests my dog to be off-leash, in the course of training. I agree that the instructor is not being held responsible in the event of an accidental injury. I confirm that my dog is up to date on all his/her vaccinations. I understand the above information and have honestly filled out this form.

Owners Signature: _____

Date: _____