

**REGISTRATION FORM:  
Al White's Dog Training LLC.**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_

Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_

Sex: Male \_\_\_ Female \_\_\_ Weight \_\_\_\_\_ Spayed or neutered Yes \_\_\_ No \_\_\_

Veterinarian Name and Clinic \_\_\_\_\_ Phone Number \_\_\_\_\_

*Membership level: (please circle)*

3 Private one hour session for \$250 OR 6 Private one hour sessions for \$450

6 week small group class for \$250 OR 1 Private/6 week semi-private group combo for \$300

**Please complete this form and turn in with payment to complete the registration process.  
Do not send cash in the mail please. Email or Call me at 845-3134 to arrange payment.**

What is your dog's training history (**please circle**)

No previous training      Trained yourself      Puppy Kindergarten  
Group class, basic      Group class, advanced      Private training      Other: \_\_\_\_\_

**PERSONALITY**

Please circle the words that describe your dog:

Mellow	High energy	High Strung	Jealous	Sweet	Silly
Calm	Dominant	Alert	Fearful	Aggressive	Hyper
Shy	Unruly	Happy	Anxious	Possessive	Lively
Submissive	Timid	Goofy	Pushy	Wonderful	
Playful	Well-behaved	Immature	Mean	Protective	

**BEHAVIORS/CONCERNS**

Please circle any behaviors that you wish to work on and describe if needed on back of form:

Dog Aggressive	People Aggressive	Food Possessive
Jumps on People	Mouthy/Bites	Eats Poop
Eats Rocks	Destroys Toys	Digs holes
Destroys Furniture	Toy Possessive	Barks Excessively
Growls at Strangers	Does not Obey	Chews Excessively
Guards Food Bowl	Guards House or Yard	Fearful (describe fears)
Can't Grab Collar	Dislikes being groomed	Fence fights
Escapes or Jumps Fences (how high?)	Pulls on Leash	Separation Anxiety

What is the main reason you have chosen dog training for you and dog? Please list your goals and expectations (use back of form if needed). \_\_\_\_\_

I have read and understand the refund policy as stated on <https://www.alwdt.com/registration-and-policies.html>

Signature of Owner \_\_\_\_\_

Mailing address: 5516 Bakerloo Lane Pasco, WA 99301 (509) 845-3134