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 $280 OR 6 Private one hour sessions for $550

6 week group class for $300 OR 1 Private/6 week group combo for $350

**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. There are no refunds once you have been sent the Orientation link and password.

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