



Training Enrollment

Classes

Elementary School		Therapy Dog		Reactive Dog Rehabilitation	
Middle School		Tricks 101		Assistance and Service Dog	
High School		Tricks 201			
College		Tricks 301		Backyard Agility 101	
Private				Backyard Agility 201	
Star Puppy				Backyard Agility 301	
Canine Good Citizen				Other...	

Owner Info

Date: _____

Name: _____

Address: _____

City, St, Zip _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other Phone: _____

Email Address: _____

Dog Info

Name: _____ Breed: _____

Weight: _____ Color: _____

Age: _____ Birthday: _____ Sex: _____ Spay/Neutered? _____

Vaccines (DHPP, Bordetella, and Rabies) confirmed: Yes or No: _____ Associate Initials: _____

Veterinarian Info: Name of Dr. and Clinic: _____

Phone: _____

Temperament: _____

Behavior Problems: None: _____ Biting: _____ Potty Training: _____

Jumping: _____ Chewer: _____ Other... Please List: _____

Training History: _____

Signature: _____ Date: _____