

DOG OBEDIENCE CLASS REGISTRATION

Client Name _____ Date: _____

Street Address: _____ City: _____ Zip: _____

Phone Numbers: (Home) _____ (Work) _____ (Cell) _____

E-Mail Address: _____

Dog's Name: _____ Age: _____ Breed: _____

Sex: _____ Is your dog neutered or spayed? _____ Yes _____ No

Please place a check in front of any of the following negative behaviors your dog is exhibiting:

_____ house soils _____ jumps _____ shy _____ aggressive _____ runs away _____ chews

_____ bites _____ digs _____ barks _____ howls _____ fights

Has your dog ever growled, snapped or bitten at a person? _____ Yes _____ No

Has your dog ever growled, snapped, or bitten another dog? _____ Yes _____ No

Is your dog crate trained: _____ Yes _____ No

Does your dog obey your commands? _____ Yes _____ No

How do you discipline your dog? _____

Is your dog on heartworm prevention? _____ Yes _____ No

Is your dog on flea prevention? _____ Yes _____ No

Is your dog up to date on yearly vaccinations? _____ Yes _____ No

Does your dog have a current county license? _____ Yes (License # _____) _____ No

(You will be required provide proof of current rabies vaccination and county license prior to beginning class.)

***We request a \$20 donation for any student who was not adopted from this shelter. Payment must be made to Animal Services prior to beginning the first class which begins promptly at 5:00 p.m.)

(Signature): _____

(Date): _____