



## Customer Registration

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### **Dog Information:**

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F

Spayed/Neutered? Yes / No

Medical Problems/Allergies/Physical Concerns? If yes, please explain \_\_\_\_\_

### **Emergency Contact(s): (At least 1)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Veterinarian Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### **Vaccination Records: (Written proof from Veterinarian required for group classes)**

Rabies Expires: \_\_\_\_\_ DHPP Expires: \_\_\_\_\_ Bordetella Expires: \_\_\_\_\_

Current Flea & Tick Program: \_\_\_\_\_

Current Heartworm Program: \_\_\_\_\_

**Getting to Know Your Dog:**

Is your dog house trained? **Yes / No** How long have you had your dog? \_\_\_\_\_

Does your dog get along with other dogs? If no, please explain: \_\_\_\_\_

\_\_\_\_\_

Has your dog ever been through any training program before? If yes, explain \_\_\_\_\_

\_\_\_\_\_

Has your dog be asked to leave any prior dog training because of behavior? If yes, explain \_\_\_\_\_

\_\_\_\_\_

Has your dog ever shown any aggression towards people, dogs or any other animals? If yes, explain \_\_\_\_\_

\_\_\_\_\_

Has your dog shown any significant fear towards people, dogs or any other animals? If yes, explain \_\_\_\_\_

\_\_\_\_\_

Are there any inanimate objects that your dog shows fear towards? If yes, explain \_\_\_\_\_

\_\_\_\_\_

Is your dog reactive (non-aggressive) towards strangers? If yes, explain \_\_\_\_\_

\_\_\_\_\_

Does your dog show any kind of reactive behavior to men or women specifically? If yes, explain \_\_\_\_\_

\_\_\_\_\_

Has your dog been socialized with other dogs? \_\_\_\_\_ Humans? \_\_\_\_\_

Does your dog get possessive of anything like toys, food, water, etc? If yes, explain \_\_\_\_\_

\_\_\_\_\_

What, if any obedience cues, does your dog currently know? \_\_\_\_\_

\_\_\_\_\_

Are there any restrictions for treats and/or food that your dog is allowed to have? If yes, explain \_\_\_\_\_

\_\_\_\_\_

**What are you looking for in training for your dog?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that I have answered the above questions to the best of my knowledge.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_