



- Beginner Obedience Canine Good Citizen Agility Tricks Rally O Sniff 'n Seek
- Day School Private Lesson

Your Information

First Name _____ Last Name _____ Class Date _____ Today's Date _____

Address _____ City, Zip _____

Home Phone _____ Cell Phone _____ Email _____

Your Dog's Information

Dog(s)Name _____ Breed/Mix _____ Age _____ Gender _____ Neutered/Spayed _____

Describe specific problems you would like to address in training _____

How did you here about us? Kudzu, friend, vet, etc. _____

How long has your dog been a member of your family? _____ Is your dog rescued? _____

Has your dog ever bitten anyone? Y N please explain _____

Does your dog take any medications? Y N list: _____

Has your dog received formal training? Y N list: _____

Where does your dog spend most of its time? inside outside Do you have a fenced yard? _____

Are there any medical conditions? Y N potty trained? Y N

Is your dog... friendly with adults/kids? Y N crate trained? Y N

friendly with other dogs? Y N food/toy possessive? Y N

Does your dog ... come when you call? Y N jump on people/counters? Y N

nip /mouth people? Y N have separation anxiety? Y N

chew destructively? Y N chase cars, animals or people? Y N

bark excessively? Y N mark inside the house? Y N

I, hereby, waive and release Dog School 101, Inc., its employees, officers, members and agents from any and all liability of any nature, for injury or damage which I or my dog may suffer including specifically, but without limitation, any injury or damage resulting from the action of any dog, and I expressly assume the risk of such injury or damage while attending any training session, or claims by any member of my family or other person accompanying me to any of the training activities or other sponsored functions.

Signature _____ Date _____

Please have your veterinarian complete this section:

I, hereby, verify that vaccination s are current for the aforementioned dog (s), including kennel cough and a negative fecal check.

Veterinary Clinic Name _____ Veterinarian _____

Veterinarian Signature _____ Date _____