

Class registration form



Date:

Class: Puppy Preschool Family Dog Manners Beyond Basics Other _____

Owner's name(s)

Address

Phone (H)

(W)

(C)

E-mail

What names (people) would you like on the graduation certificate?

.....

Dog's name:

Age:

Breed (including mixes)

Is your dog... Male Female

Is your dog altered? Yes No

Has your dog been vaccinated? Yes No

[We will need to see (but not keep) a copy of your vaccination certificates.]

Is your dog taking a de-worming treatment? Yes No

Heartworm prevention? Yes No

Flea/tick prevention? Yes No

Veterinarian's name

Has your dog attended a training class previously? Yes No

If so, which one(s) and where?

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How did you learn about us?

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Please hand in this form at your first class, along with your dog profile form.

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