



GroupClasses

Puppy Manners  Beginner Obedience  Canine Good Citizen  Agility  Trick  Nose Works

DaySchool

Starter Package  One Day Only  Three Day  Private Lesson

Your Information

\_\_\_\_\_  
Your Name  
\_\_\_\_\_  
LastName  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, Zip  
\_\_\_\_\_  
HomePhone  
\_\_\_\_\_  
CellPhone  
\_\_\_\_\_  
Email

Your Dog's Information

\_\_\_\_\_  
Dog(s)Name  
\_\_\_\_\_  
Breed/Mix  
\_\_\_\_\_  
Age  
\_\_\_\_\_  
Gender  
\_\_\_\_\_  
Birthday  
\_\_\_\_\_  
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, 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 vaccinations are current for the aforementioned dog(s), including kennel cough and a negative fecal check.

\_\_\_\_\_  
Veterinary Clinic Name  
\_\_\_\_\_  
Veterinarian

\_\_\_\_\_  
Veterinarian Signature  
\_\_\_\_\_  
Date