



4000 Industrial Rd. Wickenburg, AZ 85390

928-684-8801

928-684-5480

## Dog Training Classes

Please choose:    November Session            December Session            January Session

Owner/Handler: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Secondary: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dog Name: \_\_\_\_\_ Breed: \_\_\_\_\_

What is the dogs' sex? \_\_\_\_\_ Age: \_\_\_\_\_ Are they Spayed/Neutered? Yes/ No

Is there anything we need to know about your pet? \_\_\_\_\_

Have you trained a dog before? \_\_\_\_\_ If so, when? \_\_\_\_\_

Date of last Rabies vaccination: \_\_\_\_\_ Tag Number: \_\_\_\_\_

Date of last Distemper/Parvo Vaccination: \_\_\_\_\_

Date of last Bordetella (Kennel Cough) Vaccination: \_\_\_\_\_

Name of veterinarian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please attach a copy of your dogs' current vaccination record.

### I Promise To My Dog:

I promise to take the time necessary to work on exercises from class with my dog on a daily basis! I have read, and signed the liability waiver. I promise to attend all 3 classes in my session, to help myself and my dog become more educated, and spend quality time with my dog!

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date