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**DOG SCHOOL 101 Registration and Information Form**

**2171 Kingston Court, Marietta GA 30067**

**Dogschool101.com 770-850-8383**

**Registration and Information Form**

 **Beginner Obedience Intermediate Obedience Canine Good Citizen Agility Tricks Rally O**

 **Temperament Testing Day School/Play Day Private Training/Lessons Supervised Boarding**

**Anticipated Training, Class, Play Day or Boarding Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Information**

**First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Dog(s) Information**

**Dog’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed/Mix \_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_ Gender \_\_\_\_\_ Spayed or Neutered \_\_\_\_\_ Yes/\_\_\_\_\_No**

**Describe Specific Needs or Problems You Would Like to Address in Training**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How long has you dog been in your family? \_\_\_\_\_\_\_\_\_\_ Is your dog a rescue? \_\_\_\_\_Yes/\_\_\_\_\_No Rescue Age \_\_\_\_\_\_\_**

**Has your dog ever bitten a person or another animal? \_\_\_\_\_Yes/\_\_\_\_\_ No If Yes, please describe the bite and the circumstance**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medications? \_\_\_\_\_Yes/\_\_\_\_\_ No List medications and medical conditions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has your dog ever participated in formal training? \_\_\_\_\_ Yes/\_\_\_\_\_ No Supervised play days \_\_\_\_\_ Yes/\_\_\_\_\_ No**

**Where does your dog spend most of its day? Inside a house \_\_\_\_Yes/\_\_\_\_No In a crate \_\_\_\_Yes/\_\_\_\_ No**

 **Outside \_\_\_\_Yes/\_\_\_\_No**

**Is your yard fenced \_\_\_\_\_ Yes/\_\_\_\_\_No Does your yard have a shelter for your dog \_\_\_\_\_ Yes/\_\_\_\_\_No**

**Is your dog ever chained outside \_\_\_\_\_ Yes/ \_\_\_\_\_No If Yes, describe circumstances \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please Circle Y or N: Friendly with Adults Y / N Friendly with Children Y / N Friendly with Other Dogs Y / N**

 **Indoor Potty-Trained Y / N Crate Trained Y / N Food/Toy Possessive Y / N**

**Circle Y or N If Your Dog: Comes When You Call Y / N Nips/Mouths people Y / N Chews Destructively Y / N**

 **Barks Excessively Y / N Jumps on People Y / N Jumps on Counters Y / N**

 **Has Extreme Anxiety Y / N Marks Inside the House**

 **Chases: Cars Y / N Chases People Y / N Chases Animals Y / N**

**With this signature, I waive and release Dog School 101, its employees, officers, members, and agents from any and all natures of liability for injury or damage which I, accompanying others and/ or my dog may incur, including but not limited to injury or damage caused by any dog while at Dog School 101. I voluntarily and expressly assume the risk of such risk or damage while in my person or in attendance with any family member or other accompanying person who may be participating or observing any and all training sessions and/or all other activities and sponsored programs.**

 **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**