



Obedience I

Client Information/Registration

Tell us about you:

Your Name _____

Address: _____

Phone #'s: Home _____ Work: _____ Cell: _____

Emergency Contact: _____ Phone: _____

How did you hear about us? _____



Tell us about your dog:

Dog's Name: _____ Weight: _____

Breed: _____ Birth Date: _____ Sex: M F

Temperament: Outgoing 9 8 7 6 5 4 3 2 Shy

Has your dog had any training? If so where? _____

What commands does your dog know? _____

What would you like to get out of this Class? _____

Concerns: _____
