



Jay Bird's Pet Training



Board and Train Sign-Up

Please complete all sections excluding Client# and sign at the bottom.

Client #: _____

Client Information

Name: _____ Phone #: _____

Street Address: _____ City: _____ Zip Code: _____

Email Address: _____

Pet's Name: _____ Pet's Age: _____

Breed(s): _____ Color(s): _____ Spay/Neutered: Y N

Vet Contact Info: _____

Training Information

Please select Training Package: 7-days 14 days

Date(s) of Boarding: _____

Please check the box by the commands to be worked on:

Sit Down Stay Focus Recall Touch Place

Please check the box by the behaviors to be worked on:

Leash Walking Jumping Nipping Socialization

Does the dog have any allergies: Yes No

Can your dog socialize with other dogs: Yes No

I have read, understand, and agree with the Terms and Conditions provided on the Jay Bird's Pet Training website.

Signature: _____

Date: _____