

Obedience Laboratory

28055 Bredow Road
Huron Twp., MI 48174
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Registration Form (part one)



Class (Basic, adv, etc. & date): _____

Dogs Name: _____ Dog's Breed: _____

Owners Name: _____

Address: _____

City: _____ Zip: _____ Home ph: _____

Email: _____ Cell ph: _____

Date of Birth: _____ M or F: _____ Spayed/ Neutered: _____

Veterinarian: _____

Address: _____

City: _____ Zip: _____ Ph.: _____

Any Medical Issues: _____ If so, what: _____

Age Aquired Dog: _____ Who/Where: _____

PLEASE LIST ANY TRAINING YOUR DOG HAS HAD:

Formal Classes: _____ Private Lessons: _____

Training by Owner: _____

HOW DOES YOUR DOG BEHAVE IN DIFFERENT SITUATIONS:

Vet's Office: _____ In Public: _____

Strangers at Door: _____ Around Children: _____

Around Men: _____ With Other Dogs: _____