

K9 CONNECTION DOG TRAINING
DOG OBEDIENCE REGISTRATION FORM

Owners Name: _____ Phone () _____

Address _____ City _____ Zip _____

E-mail _____

Dog's Name _____ Breed _____ Age _____ Sex _____

Color _____ Spayed/Neutered? _____ How long have you had this dog? _____

Where did you get this dog? _____ Veterinarian _____

Are all vaccines up to date? _____ Is your dog currently taking any medications? _____

If YES, what medication is your dog on and for what reason? _____

Is your dog kept primarily inside/outside or both? _____

Please check any of the following behaviors that describe your dog:

____ Barks too much ____ Digs in the yard ____ Chases family cat

____ Chews on things ____ Knocks people over ____ Growls at owner

____ Mouths hand in play ____ Bites/Nips in anger ____ Barks at owner

____ Jumps on owner/others ____ Dislikes other dogs ____ Tears up plants

Other behaviors we should know about? _____

Have you trained a dog before? _____ If yes, how long ago? _____ Where? _____

Family Composition:

Number of adults in home _____ Number of children _____ Children's ages _____

Other pets in home? _____ If so, what types? _____

Do you plan to show your dog in obedience/confirmation or breed it? _____

How did you hear about K9Connection? (We offer referral fees) _____

I understand that refunds are not given unless class is cancelled

Owners Signature _____ Today's Date _____