



*Enhancing the bond between dogs and their families*

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**GROUP CLASS REGISTRATION FORM**

Class Begin Date or Individual Session Dates and Time(s):

Select payment method:  Cash, Check, Money Order  Credit Card via Paypal

Client/Handler Name:		Home Phone:
Address:		Work Phone:
City, State, Zip Code:		Cell Phone:
E-mail address:		
Dog's Name:	Dog's Date of Birth (or approximate age):	
Dog's Breed/Mix:	Dog's Weight:	
Dog's Gender:	Age when Spayed/Neutered:	
Where did you acquire your dog? (Shelter, Breeder, etc.):		
At what age did you acquire your dog?		

**PLEASE NOTE:** You must provide proof of vaccinations before your dog is allowed in class.

Vaccinations: My dog is current on age-appropriate rabies, distemper, and bordetella vaccinations as of at least 7 days prior to the first class:  (check)

Veterinarian name/clinic:

Veterinarian phone #:

Describe any current health conditions, sensitivities, fears or other conditions we should be aware of:

List any specific behavior issues you are having (jumping, barking, etc.):

In order of importance, what would you like to accomplish with training:

- 1.
- 2.
- 3.

List at least 3 of your dog's absolute favorite things (specific treats, walks, a person, etc.):

Has your dog ever bitten a person, another dog or any other animal? Date(s):

Please describe the situation(s) and extent of any injuries:

Is there anything else you think would be helpful for us to know before starting class?

Please tell us how you found out about Love My Dog Training

Deer Creek Animal Hospital:

VCA Southeast Animal Hospital:

Colorado Greyhound Adoption:

Internet Search/Our Website:

Individual (Please name):

Other (Please list):



[www.lovelymydogtraining.com](http://www.lovelymydogtraining.com)