

12 WEEK BEGINNERS COURSE REGISTRATION FORM.

Beginners course commencing: *Tuesday* *2011*

Name of Owner or person training the dog:

Address:

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Home Phone: Business Phone:

Name of Dog: Breed: Age/DoB:

Sex: Spayed/Neutered: Age when spayed/neutered:

Age obtained: From Where:

Have you owned a dog before: Breeds:

Have you trained a dog before: When: Where:

State briefly the problem, if any, that brought you to class:

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Do you have any hearing or other physical handicaps:

Does your dog have any physical problems or disabilities which may affect training:

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If your dog has had any illness or skin disorders in the last 6 months, please state the nature of the problem and the treatment:

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Name of Vet.: Date of last vaccination:

What kind of food do you feed your dog:

How did you hear about our classes: