



Training Request Form

Customer's Information:

Name 1: _____ Name 2: _____
Address: _____
Home Ph #: _____ Cell Ph #: _____ Email Address: _____
In case of emergency, Contact Name: _____ Phone #: _____

Pet Information:

Pet's Name: _____ Sex: Male / Female Spayed/Neutered: Y / N
Birthdate: _____ Specific Breed (Cavalier, Labrador, etc) _____
Previous Training? Yes / No If so, what type & where were classes taken: _____

Up to date on the following vaccines? (NOTE: Please provide a current vaccine certificate from your pet's veterinary office)

- | | | | |
|-------------------|----------------------------------------------------------|--------------------|----------------------------------------------------------|
| - Distemper/Parvo | <input type="checkbox"/> Yes <input type="checkbox"/> No | - Canine Influenza | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| - Bordetella | <input type="checkbox"/> Yes <input type="checkbox"/> No | - Rabies | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Training Information:

I am interested in the following training session ...

- | | |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Beginning Manners | <input type="checkbox"/> Intermediate Manners |
| <input type="checkbox"/> Beginning Trick Dog (Requires Beginning Manners) | <input type="checkbox"/> Intermediate Trick Dog (Requires Beginning Trick Dog) |
| <input type="checkbox"/> I am interested in a 2-3 week Board & Train option for my dog | |

For traditional class sessions, what are 3-4 available options during the weekday evenings or on weekends that you are available for training?

Any behavior / aggression issues you are hoping to address during these training sessions? _____

