



Dog Training Agreement and Release Form

Please place a check mark by the training class you are registering for.

Puppy Level I Intermediate Monday 7:00 <i>Puppies 5M - 6M</i>	Adult Intermediate Wednesday 7:00	Adult Beginner Thursday 7:00	
S.T.A.R. Puppy Saturday 10:00 <i>Puppies 9 - 16 weeks</i>	Adult Beginner Saturday 11:30	Adult Intermediate Saturday 1:00	C.G.C. Sunday 3:00

Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____

Email: _____

Pet's Name: _____ Age: _____

Breed: _____ Gender: _____

Veterinarian: _____ Vet Phone: _____

Client makes the following representation about their dog (please circle Y or N)

1	Has the dog been neutered or spayed?	Y / N	Has the dog ever started a fight with another dog?	Y / N
2	Does the dog have any food allergies?	Y / N	Has the dog ever bitten a person?	Y / N
3	Is the dog friendly towards children and adults?	Y / N	Has the dog ever been declared dangerous?	Y / N
4	Is the dog friendly towards other animals?	Y / N		

If you answered YES to # 2, please list food allergies: _____

If you answered NO to # 3 or 4, please explain: _____

If you answered YES to # 5, 6, or 7, please explain: _____

Owner signature _____ Date _____

*****Below For Internal Use*****

____ Vet Record Requested ____ Vet Record Received ____ Owner Notified ____ Payment Received