

# Beginning Pet Manners Obedience Classes

Name of owner/person training dog: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Have you trained a dog before? \_\_\_\_\_ How long ago? \_\_\_\_\_

Do you have any disability or needs that might require accommodations in class? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Call name of dog \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_

Sex \_\_\_\_\_ Spayed/neutered? \_\_\_\_\_ Current on shots \_\_\_\_\_

Does your dog have any physical problems or issues that may affect his/her training? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

State briefly what you hope to accomplish in this class and any problems you would like to be addressed.

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**For instructor use only**

Class Instructor: \_\_\_\_\_

Class Dates: \_\_\_\_\_

Class Location: \_\_\_\_\_

Classes Attended: \_\_\_\_\_ Completed Class: \_\_\_\_\_ Comments: \_\_\_\_\_

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