



# Obedience I

## Client Information/Registration

### Tell us about yourself:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Emergency Contact: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_



### Tell us about your dog:

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male / Female Neutered / Spayed

Temperament: Outgoing 9 8 7 6 5 4 3 2 Shy

Has your dog had any training: If so, where? \_\_\_\_\_

What commands does your dog know? \_\_\_\_\_

What would you like to get out of this class? \_\_\_\_\_

Other concerns? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_