



WAGS 'N WHISKERS  
comprehensive pet care

## WAGS UNIVERSITY: TRAINING

### OFFICE USE ONLY:

Date: / / Expiration date: / /

Signature: \_\_\_\_\_

### PET AND OWNER INFORMATION:

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Spayed/Neutered: Yes / No Age: \_\_\_\_\_ Age of dog when you acquired it: \_\_\_\_\_

Owner's First and Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Phone: (1) \_\_\_\_\_ (2) \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Preferred Contact Method: Call \_\_\_\_\_ Text \_\_\_\_\_

Name of person handling dog in class: \_\_\_\_\_ If a minor, age: \_\_\_\_\_

*\*Please note, a handler 16 years of age or younger is required to have an adult attend the class with said minor.*

Do you have your pet's vaccination records? Yes / No If no, please provide veterinarian's contact information:

Veterinarian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*\*Please note, vaccination records are required for all dogs in training.*

### What is your dog training history? Please check all that apply:

\_\_\_ No training history

\_\_\_ Puppy class

\_\_\_ Trained yourself

\_\_\_ Other: \_\_\_\_\_

\_\_\_ Basic obedience

If you attended other classes, what organization did you use? \_\_\_\_\_

### Is your dog (please check all that apply):

\_\_\_ Allowed to run free in the home supervised

\_\_\_ Allowed to run free in the yard unsupervised

\_\_\_ Allowed to run free in the home unsupervised

\_\_\_ Allowed to be outside unleashed, supervised

\_\_\_ Allowed to run in a fenced yard supervised

\_\_\_ Leash walked

Is your dog sensitive about any part of it's body? (i.e. tail touched, paws handled, etc.) Yes / No

If yes to any of the above, please explain: \_\_\_\_\_

Is your dog possessive of food or toys? Yes / No

Has your dog ever bitten a human? Yes / No

Has your dog ever bitten another dog? Yes / No

If yes to any of the above, please explain below:

\_\_\_\_\_

\_\_\_\_\_

What do you want to accomplish in your upcoming classes? Please be specific: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature : \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: / /