



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. If records are not provided, a \$10 fee will be charged to your account to retrieve the records from the veterinarian.*

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

_____ No training history

_____ Trained yourself

_____ Basic obedience

_____ Puppy class

_____ Other: _____

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 home unsupervised

_____ Allowed to run in a fenced yard supervised

_____ Allowed to run free in the yard unsupervised

_____ Allowed to be outside unleashed, 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: / /