

Registration Form



CANINE TRAINING CENTER

Any breed. Any solution. Guaranteed for life.

Your Name(s):	Your Dog's Name:
Home Phone #:	DOB:
Cell Phone #:	Breed:
E-mail Address:	Male/Female: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address:	Neutered/Spayed: <input type="checkbox"/> YES <input type="checkbox"/> NO
	Time Owned:
	Allergies:
Vet's Name:	Medical Conditions:
Vets Contact #:	Potty Trained: <input type="checkbox"/> YES <input type="checkbox"/> NO
For Which Training Program Are You Registering?(Check all that apply): <input type="checkbox"/> In-Kennel Training (IKT) <input type="checkbox"/> Positive Motivation <input type="checkbox"/> Balanced Motivation <input type="checkbox"/> Private Lessons	

You MUST present your most recent shot records prior to the first class. The following are required before your dog will be allowed admittance into class: Rabies, DHLPP (Distemper, Infectious Canine Hepatitis, Leptospirosis, Parainfluenza, Parvovirus) and bordetella, Heart Worm, and an anti-flea medication.

What are the major goals that you would like to be accomplished through training?

Do you have any concerns with your dog entering into a training program?

Do you have any concerns that your dog is threatening you or your family's well being?

Has your dog ever shown aggression with any of the following: Dogs, people, toys, or food... etc?

Do you kennel your dog when you leave him alone at home and at night?

Have you ever consulted or utilized a professional trainer in the past?

Have you ever used any training devices to help fix a problem? If so, please list them.

How did you hear of us? Club Pooche Website Vet Other: _____

Internet Search Engine?: _____