

Training Class Application

Owner Name: _____

Phone Number: _____

Email Address: _____

Dog Name: _____

Date of birth: _____

Breed: _____

Where purchased / rescued: _____

Current diet: _____

Vaccine history:

Name of current veterinarian: _____

Describe any concerns and or issues you are having
with your dog:

Fee attached (\$185.00) – Yes / No