

Your confirmed Order Number: _____

Owner/Handler: _____ Phone: _____

Email address to contact handler: _____

Dog's Name: _____ Breed Type: _____ Age: _____

What previous class or training has your dog experienced, if any? _____

Where did you obtain your dog? _____

How did you hear about our class? _____

Do you or your dog have any physical disabilities that might effect your training? _____

What do you want to accomplish in this class? _____

List cues your dog responds to now: _____

What concerns you most about your dog? _____

Which of the following applies to your dog?

- | | | | |
|---|--------------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> EXCESSIVE ENERGY | <input type="checkbox"/> DESTRUCTIVE | <input type="checkbox"/> SHY | <input type="checkbox"/> BITES |
| <input type="checkbox"/> AGGRESSIVE | <input type="checkbox"/> GROWLS | <input type="checkbox"/> BARKING | <input type="checkbox"/> POSSESSIVE |

Please briefly describe any of the behaviors indicated: _____

Number of hours (24 / day) your dog is:

- | | | | |
|---------------------------------|----------------------------------|---|--------------------------------------|
| <input type="checkbox"/> INSIDE | <input type="checkbox"/> OUTSIDE | <input type="checkbox"/> WITHOUT HUMANS | <input type="checkbox"/> WITH HUMANS |
|---------------------------------|----------------------------------|---|--------------------------------------|

Where does your dog sleep? _____

What type of collar, head halter, or harness are you using now? _____