

My Two Dogs, Inc.



**MY TWO DOGS/TRAINING ANGELS
TRAINING CLASS REGISTRATION FORM**

Date: _____ Class: _____

Name: _____

Address: _____

Home Phone Number: _____

Alternate phone number: _____

Email address: _____

Dogs Name: _____

Breed: _____ Date of Birth: _____

Male or Female _____ Neutered or Spayed? _____

Name of veterinarian: _____

Address: _____

Phone Number: _____

Date of last visit: _____

Does your dog have any physical limitations and/or medical problems, including allergies?

Is your dog currently on any medications? Y or N

If yes, please list _____

Where did you get your dog from? _____

How old was your dog when you acquired him/her? _____

How long have you had your dog? _____

Is your dog left home alone? _____ For how long? _____

How often do you walk your dog? _____

How often do you play with your dog? _____

What types of games do you play? _____

What kind of toys do you play with when you play with your dog?

What do you feed your dog? _____

How often? _____

Do you feed your dog treats? _____ How often? _____

What kind of treats? _____

Do you feed your dog table scraps or people food? _____

Have you taken any other training classes with your dog? Y or N

Can your dog do any of the following: please circle

Sit	Down	Heel
Stay	Come when called	Leave it

Please circle anything that applies to your dog

Won't listen to me	Growls	Pushy	Too attached to me
Not good w/ other dogs	Shy	Bitey	Dominant
Destructive	Mouthy	Fearful	Aggressive
Not good w/people	Guards food/toys	Noisy	Social
Excessive energy	Playful		

Other: _____

What are your goals for this class?

How did you hear about us? _____

THANK YOU!