



## OBEDIENCE Registration Form

Levels program (5 months): Levels 1 - 4

Please fill out and return this application to the above address with \$400.

Instructor: \_\_\_\_\_ Date (today): \_\_\_\_\_  
Owner's name: \_\_\_\_\_ Start date: \_\_\_\_\_  
Address: \_\_\_\_\_ Referred by: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Phone - Home: \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Work: \_\_\_\_\_  
Other family members / trainers names (if children, please list age): \_\_\_\_\_

Your veterinarian: \_\_\_\_\_ City: \_\_\_\_\_  
Dog's name: \_\_\_\_\_ Breed: \_\_\_\_\_

**Dog:** Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Neutered? \_\_\_\_\_ Is this your first dog? \_\_\_\_\_

Age obtained: \_\_\_\_\_

Where? \_\_\_\_\_

General activity level: Couch potato \_\_\_ Takes walks \_\_\_ Never stops \_\_\_

Brand of food: \_\_\_\_\_ Favorite treat(s): \_\_\_\_\_

List your dog's two favorite toys: \_\_\_\_\_

Describe your dog's personality: \_\_\_\_\_

Describe your relationship with your dog: \_\_\_\_\_

Problem(s) with your dog (both behavioral and medical): \_\_\_\_\_

Does your dog **dislike** any of the following? Please rank (1 = small dislike, 5 = strong dislike, otherwise leave blank): Please be honest.

\_\_\_\_\_ Other dogs, is it worse if they are moving? \_\_\_\_\_

\_\_\_\_\_ Men \_\_\_\_\_ Women \_\_\_\_\_ Children \_\_\_\_\_ Loud noises

Elaborate if needed: \_\_\_\_\_

Why did you choose this particular dog? \_\_\_\_\_

What, if any, training has this dog had before (& where)? \_\_\_\_\_

What, if any, other dog training have you been involved in? \_\_\_\_\_

What are your reasons for taking this class? \_\_\_\_\_

I, \_\_\_\_\_, owner of said dog, involved in a training program with Waggin' Tails (WT) understand fully that WT accepts no liability and will hold WT harmless in any way regarding training, injury, or damage to any person(s) or animal(s), or to any property, however caused and against all such claims, counsel fees, expenses, and/or liabilities incurred in connection with any such claim, action, or proceeding. I give permission for WT to use, without compensation, any photos or other likenesses obtained during activities related to our training. I have read this fully and understand all of these terms.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_