



Private Lesson Registration Form

Please fill out and return this application to the above address.

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: _____