



Whispering Winds Kennel

Class: _____

Date class begins: _____

Registration Form

Your Name _____ Dog's Name _____

Dog's Breed Type _____ Dog's Age _____ Dog's Sex M/F

Address _____ Zip _____

Phone: Day _____ Night _____ E-mail _____

Your Vet's Name _____ Has your dog been neutered? Y/N When? _____

Does your dog have physical limitations/medical problems? Y/N What? _____

Is your dog on any medications? Y/N What? _____

Do YOU have a physical limitation we should allow for in class or homework? Y/N What? _____

List other family members including pets _____

Dog was acquired from (circle): PET SHOP SHELTER BREEDER OTHER _____

Age of dog when acquired _____ How long have you had this dog? _____

Have you attended an obedience class before with any dog? Y/N When/Where: _____

What did you like most about that class? _____

What do you want to accomplish in this class? _____

Approx. % of time dog is: Inside _____% Outside _____% Without humans _____% Tied _____%

About how many minutes per day do you: Walk your dog on leash _____ Play with your dog _____

If you've had previous dogs: What did you **like** about them? _____

What did you **like least** about them? _____

What do you **like best** about THIS dog? _____

What **concerns you most** about your relationship with THIS dog? _____

What is your dog's regular food? _____

What times are your dog's meals? _____

| Rank 5 of your dog's favorite: | Food Treats | Toys | Activities with You |
|--------------------------------|-------------|------|---------------------|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |

Circle anything that applies to your dog:

| | | | |
|--------------------|----------|----------------------|--------------------|
| GROWLS | SHY | FEARFUL | GUARDS FOOD/TOYS |
| PUSHY | BITES | DESTRUCTIVE | WON'T LISTEN TO ME |
| EXCESSIVE ENERGY | DOMINANT | AGGRESSIVE | NOISY |
| TOO ATTACHED TO ME | MOUTHY | NOT GOOD WITH PEOPLE | NOT GOOD WITH DOGS |
| OTHER _____ | | OTHER _____ | |

Briefly explain anything you have circled: _____

Has your dog ever bitten a person or another dog? Y/N

If yes, what were the circumstances? _____

PLEASE READ AND SIGN THE FOLLOWING

I understand that attendance at a dog obedience training class is not without risk to myself, members of my family and guests, and my dog, because some of the dogs to whom I will be exposed may be difficult to control, and may be the cause of injury, even when handled with due care.

I hereby forever release, discharge, acquit and forgive My Top Dog Training and/or Melissa Lauer CPTD and/or Whispering Winds Kennel from any and all claims and actions resulting from injuries to me, my guests or my dog during training sessions, or at any time on Whispering Winds Kennel premises.

No refunds will be given unless My Top Dog Training and/or Whispering Winds Kennel cancels course before it begins. No refunds or substitute dates will be given for missed classes.

Training classes are designed to help dog owners train their pet. Because owners will be responsible to follow through with these proven techniques, results cannot be guaranteed.

Signature

Date