

Obedience Class Questionnaire

610-584-5900 Fax # 610-584-5916

Please check class for which you are enrolling:

Puppy Beginner Intermediate Advanced CGC (Canine Good Citizen) prep class

Owner's name _____ Day / Cell phone# (_____) _____

Address _____

_____ Evening phone# (_____) _____

_____ EMAIL: _____

Dog's name _____ Breed _____ Age _____

Sex: M / F Spayed / Neutered? Y / N Age of dog when you purchased / adopted? _____

Is your dog "other-dog aggressive"? Y / N Is your dog current on all inoculations? Y / N

Have you owned a dog before? Y / N Breed(s): _____

State briefly what areas of concern have brought you to obedience class: _____

What is most important for you as an owner to accomplish with your dog during this class? _____

Please list motivators that your dog truly loves (i.e.: squeaky toys, Frisbee, balls, food) _____

***** BRING THESE MOTIVATORS TO CLASS WITH YOU *****

Has your dog been treated for an illness within the last 6 months? Y / N

If yes, please state the nature of the illness: _____

Is your dog on medication at this time? Y / N

If yes, please list the medication{s}: _____

Does your dog have any health issues that limit their physical activity? Y / N

If yes, please explain: _____

Name of veterinarian: _____ Phone # _____

Client agrees to accept full responsibility for pet's actions while on premises and/or during class and agrees to hold harmless Obedience Instructors, Assistants of the Instructors and Charlene's Pet Sitting Service for any injury which may occur.

CANCELLATION /REFUND POLICY: You may withdraw from a course and request a refund only if we receive notice by phone or in person at least **7 days or more before the class has started**. *If the class has already started, refunds will not be made after the start of a class.*

Signature: _____ **Date:** _____ **Time:** _____

Please write in the date and time of class for which you are registering: