



**Personal Information**

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email \_\_\_\_\_

Dogs name \_\_\_\_\_

Birth Date: \_\_\_\_\_ Breed/sex \_\_\_\_\_

Reasons for taking class \_\_\_\_\_

Where did you hear about us? \_\_\_\_\_ Has your pet ever bitten anyone? \_\_\_\_\_

**Class information: Instructor to fill out**

class Beginner/puppy class Advanced intermediate

instructor \_\_\_\_\_ Price paid \_\_\_\_\_

vaccinations \_\_\_\_\_ Email: \_\_\_\_\_

Hold harmless signature \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_ Rescue dog \$ \_\_\_\_\_

**Emergency Contact Information: Optional**

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_