

# Registration Form

Please print, fill-out completely and return with payment to address listed.  
Thanks!

Dog Training Sponsored by:  
www.yourdogsfriend.info  
301-983-5913



Helping Your Dog Become Your Lifetime Companion

Class:  Puppy  Basic I  Other \_\_\_\_\_ Start Date: \_\_\_/\_\_\_/\_\_\_ Today's Date: \_\_\_/\_\_\_/\_\_\_

## Owner Information

Name: \_\_\_\_\_ Who will handle dog in class? \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: Day/ \_\_\_\_\_ Evening/ \_\_\_\_\_ Cell/ \_\_\_\_\_

## Dog Information

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Sex:  M or  F Neutered?  Yes or  No Color: \_\_\_\_\_ Approx. Weight: \_\_\_\_\_

Acquired from?  Breeder  Shelter  Private Rescue Group  Pet Shop  Other: \_\_\_\_\_

How old was your dog when acquired? \_\_\_\_\_ How long have you had this dog? \_\_\_\_\_

Veterinarian or Clinic Name and Phone: \_\_\_\_\_

Does your dog have a physical or medical condition that will limit participation in class?  Yes or  No

If yes, please explain: \_\_\_\_\_

Have you attended a dog training class before?  Yes or  No Where? \_\_\_\_\_ When? \_\_\_/\_\_\_/\_\_\_

What do you hope to accomplish by taking this class? \_\_\_\_\_

What do you like most about your dog? \_\_\_\_\_

What concerns you most about your dog? \_\_\_\_\_

What kind and amount of exercise does your dog receive? \_\_\_\_\_

Name 3 activities your dog enjoys: \_\_\_\_\_

On an average day, what % of time is your dog: In the home? \_\_\_\_\_ In the yard? \_\_\_\_\_ Without humans? \_\_\_\_\_ Crated? \_\_\_\_\_

How many continuous hours is your dog crated without a break? \_\_\_\_\_

List other members of your family, including pets, and note ages of children: \_\_\_\_\_

## Check any behavior that applies to your dog:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> is trained to stay in crate    | <input type="checkbox"/> is housetrained  | <input type="checkbox"/> pulls on lead       | <input type="checkbox"/> jumps on people      |
| <input type="checkbox"/> plays well with other dogs     | <input type="checkbox"/> likes children   | <input type="checkbox"/> chews destructively | <input type="checkbox"/> has excessive energy |
| <input type="checkbox"/> likes friendly adult strangers | <input type="checkbox"/> goes to dog park | <input type="checkbox"/> pushy/mouthy        | <input type="checkbox"/> takes treats roughly |

Check any behavior that applies to your dog and briefly explain the items you've checked: (Use extra sheet of paper, if needed)

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> too attached to me     | <input type="checkbox"/> is tied outside on chain or line | <input type="checkbox"/> shy                  | <input type="checkbox"/> growls         |
| <input type="checkbox"/> fearful/nervous        | <input type="checkbox"/> easily startled                  | <input type="checkbox"/> over-protective      | <input type="checkbox"/> destructive    |
| <input type="checkbox"/> not good with people   | <input type="checkbox"/> avoids strangers                 | <input type="checkbox"/> barks/lunges at dogs | <input type="checkbox"/> guards food    |
| <input type="checkbox"/> not good with children | <input type="checkbox"/> soils in house                   | <input type="checkbox"/> guards toys          | <input type="checkbox"/> guards (other) |

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Has this dog ever bitten?  Yes or  No If "Yes" please explain the circumstances and what kind of medical treatment, if any, was needed for the dog or person. (Use extra sheet of paper, if needed)

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What else would you like your instructor to know? \_\_\_\_\_

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**TO REGISTER**

Please mail your registration form and check to:  
Your Dog's Friend  
11401 S. Glen Road, Potomac, MD 20854

- REMEMBER:**
- Paid pre-registration is required to reserve a place in the class.
  - Bring a completed "Health & Vaccinations Form" signed by your veterinarian to the first week of class.  
*Your dog may not participate in class until the instructor receives this form.*

**Refunds:** A refund of your class fee will be made if notice is given to Your Dog's Friend no later than 48-hours before a class begins.

**WAIVER**

I have read and agree to abide by the rules as set forth in the Class Information form provided by Your Dog's Friend. I understand failure to do so may result in removal from the class without refund. I understand that attendance of a dog training class is not without risk to myself, my dog, members of my family or guests that may attend. I agree to release and hold Your Dog's Friend, its instructors and teaching assistants, the Dogtopia (4920 Wyaconda Rd., North Bethesda, MD 20852), and their respective officers, directors and employees harmless of any liability arising from this training activity and/or information or consultation provided by Your Dog's Friend. I expressly assume the risk of damage or injury therefrom.

\_\_\_\_\_  
*Signature of Student*

\_\_\_\_\_  
*Date Signed*