



CLASS REGISTRATION FORM:

Date:

Time:

Client's (Human) Name: _____ Phone: _____ Email: _____
Dog's Name: _____ Breed: _____ Age: _____ Sex: _____ Spayed / Neutered: _____

Is your dog friendly with other dogs? (Please circle one) **Yes** **No**
Has your dog ever met another dog he's disliked? If so, please explain: _____
Is your dog friendly with people? (Please circle one) **Yes** **No**
Has your dog ever met a person he's disliked? If so, please explain: _____
Has your dog ever participated in group training? (Please circle one) **Yes** **No** If so, where? _____
If so, did your dog have any issues training in a group setting? _____ If so, what? _____

Please describe your dog's behavior toward people: (Please circle all that apply)

Playful **Shy / Nervous** **Aggressive** **Dominant / Pushy** **Unpredictable** **Mouthy** **Nips / Bites**
Submissive **Affectionate** **Prefers to Hide** **Tries to Avoid** **Guards Food** **Guards Toys** **Guards Water**

Please describe your dog's behavior toward other dogs: (Please circle all that apply)

Playful **Shy** **Aggressive** **Dominant / Pushy** **Unpredictable** **Plays Rough** **Prefers to Chase**
Submissive **Nervous** **Prefers to Hide** **Tries to Avoid** **Guards Food** **Guards Toys** **Guards Water**

What does your dog do when you: (Please circle all that apply)

Approach him when he's eating? Leaves the bowl Continues to eat Gulps the food
Growls Bears his teeth Snaps / Bites
Take toys away? Tugs on toy Backs away Initiates Play
Growls Bears his teeth Snaps / Bites
Touch his neck or collar? Nothing Tries to get away Seems Nervous
Growls Bears his teeth Snaps / Bites
Touch him while he's sleeping? Nothing Tries to get away Enjoys the pats
Growls Bears his teeth Snaps / Bites

Please select any problems or concerns that pertain to your dog: (Please circle all that apply)

Soils indoors **Jumps on people / surfaces** **Aggressive with other animals (explain):** _____
Shy **Runs away when called** **Growls at people (explain):** _____
Barks Excessively **Play bites / mouthy** **Bites (explain):** _____
Escape Artist **Doesn't like being handled** **Aggressive with food (explain):** _____

Has your dog ever growled at, snapped at, or bitten a person? If so, explain: _____
Has your dog ever growled at, snapped at, or bitten another dog? If so, explain: _____

Please list any specific training issues you are hoping class will help with: _____

I verify the information stated about my dog above is accurate and that I have disclosed everything necessary about my dog. I/We agree that I/We hold harmless Go Play and all persons connected here within any capacity whatsoever from any and all cost, liability, and expense for any injury or damage to any person, dog, or property caused by any dog owned by me (us) brought to class or any other events held or sponsored by same. I/We further agree that the trainers and staff, in the interest of the class or event, have the right to refuse training or participation to any dog. By signing below, I state I have reviewed this contract and agree to the contents of this form. I understand payment is NON-REFUNDABLE and if I have to miss a class I will have a credit to make up during the next session.

Owner's Printed Name: _____ Owner's Signature: _____ Date: _____