

# Training Registration Form



churchville | swan creek | greenbrier  
veterinary clinics

www.churchvillevet.com

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Alternate contact \_\_\_\_\_ Phone \_\_\_\_\_

Your Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_

Age \_\_\_\_\_ Sex M / F Spayed/Neutered Y / N

Proof of all age appropriate vaccines are required prior to first day of training

Veterinarian \_\_\_\_\_ Phone \_\_\_\_\_

What are your primary training concerns? \_\_\_\_\_

What are your goals for this training? \_\_\_\_\_

Has your dog ever shown any sign of aggression? If yes, please explain and complete consultation form \_\_\_\_\_

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

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

What is your dog's average energy level Low Average High Excessive

Is your dog crate trained Y / N How many times a day does your dog eat \_\_\_\_\_

Are there any other pets in the household? \_\_\_\_\_

Is there anything else you would like to add? \_\_\_\_\_

How did you hear about our training program?

Friend/family member \_\_\_\_\_

Current Client Previous Client Social Media Email Flyer

Training Service

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Consultation             | <input type="checkbox"/> Group Puppy  |
| <input type="checkbox"/> Private Lesson ( 1 hour) | <input type="checkbox"/> Group Novice |
| <input type="checkbox"/> AKC Good Citizen Test    | <input type="checkbox"/> _____        |

Class Start Date/Lesson \_\_\_\_\_ Payment Received Y / N