

PERSONAL INFORMATION:

Name:

Phone Number: () -

Mailing Address:

E-Mail:

(Your e-mail address will not be shared with anyone outside The Canine Guys team)

Emergency Contact:

Emergency Contact's Phone: () -

Select Desired Training:

Choices: Private Training or Clicker Training

How Did You Hear About Us?

Choices: Internet Search or Friend or Breeder or Veterinarian or Animal Shelter or Private Rescue or Another Trainer or Other

CANINE INFORMATION:

Canine's Name:

Sex: Age

Choices: Male or Male (Neutered) or Female or Female (Spayed)

Has your dog ever bitten anyone?

Choices: Yes or No or Unknown

Has your dog ever bitten another dog?

Choices: Yes or No or Unknown

Veterinarian:

Veterinarian's Phone Number: () -

My Dog's Rabies Vaccination is Current: Yes

(A current Rabies Vaccination is required before **any** training may begin)

My Dog's Bordetella (Kennel Cough) Vaccination is Current: Yes

(A current Bordetella Vaccination is required before **Clicker Classes** begin)

Is there anything else you would like us to know about your dog?