

## ENROLLMENT FORM

Class: (Circle one)      Puppy (Under 4 mos old)    Puppy (4-8 mos)    Basic Manners  
   Canine Good Citizen      Therapy Dog      Agility      Clicks 'n Tricks

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_

Email address \_\_\_\_\_

How old was your dog when you got him? \_\_\_\_\_

Where does your dog sleep? \_\_\_\_\_

Does your dog stay in the house? \_\_\_\_\_ yard? \_\_\_\_\_

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

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Does your dog bite you or other people? \_\_\_\_\_

What do you want to learn in this class? \_\_\_\_\_

We need help with (Circle all that apply)

Biting    Chewing    Digging    Barking    Jumping    House-training

Other:

I agree to hold Listen Up Pup Canine Training Center and trainers harmless from any and all liability for injury to myself or my dog while on the designated training ground or surrounding area. I assume the risk of any damage or injury while attending my training session on the designated training ground or surrounding area.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Please attach a copy of current immunizations.