

EQuality Dog Training
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ENROLLMENT APPLICATION

General Public Classes

Thank you for selecting EQuality Dog Training to partner with you in training your dog. Please complete the application and print a copy for your records. A copy of your dog's rabies certificate, along with our completed Vet Statement, must be returned to the office prior to your first class. EQuality Dog Training does not discriminate on the basis of race, color, national origin, sex, disability, sexual orientation, marital status, religion, or family status.

About You:

Name: _____

Address: _____ City _____ ST _____ Zip _____

Home Telephone: _____ Cell Phone: _____ Work Telephone: _____

Email Address: _____ Fax Number: _____

Date of Birth: _____ Occupation: _____

What behavior problems does your dog have? _____

What behaviors would you like your dog to learn? _____

About Your Dog:

Dog's Name: _____ Dog's Breed: _____ Dog's Age: _____ Sex: M _____ F _____

Dog's Height at shoulder: _____ Dog's Weight: _____ Dog's Color: _____

Is your dog spayed or neutered? (Circle one) Y or N

How long have you had your dog? _____ Where did you get your dog? _____

Has your dog had previous training? _____ If so, please describe _____

How did you hear about Equality Dog Training? Internet Friend Referral Other

I agree not to participate in any other type of training program or classes while I am enrolled in EQuality Dog Training classes and I will not use any negative training methods or techniques with my dog.

Signature

Date