

EQuality Dog Training
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Office Use
Date Received _____
Interviewed _____
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ENROLLMENT APPLICATION

Service Dog 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 a completed Vet Statement and Physician Statement must be submitted 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 is your disability?(Optional) _____

What would you like your dog to assist you with? _____

Type of Transportation: Private Vehicle _____ Taxi _____ City Bus _____ Van Tran _____ Other _____

Who should be notified in case of emergency? _____ Phone: _____

Address: _____ Relationship: _____

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? Yes No Is your dog neutered? Yes No

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 Health Care Provider
 Demonstrations 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 the use any negative training methods or techniques with my dog.

Signature

Date