

# FORANIMALS, LLC

## DOG TRAINING CLASS REGISTRATION

LEE A FORAN, CPDT-KA, CDBC • 44 WEST MOUNTAIN ROAD • LENOX, MA 01240 • 413-445-8843 • www.trainingforanimals.com

CLASS _____	DATE _____	TIME _____
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NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
HOME PHONE _____
WORK PHONE _____
EMAIL _____

DOG'S NAME _____
AGE _____ BREED _____
SEX _____ NEUTERED/SPAYED _____
HOW LONG HAVE YOU LIVED WITH THIS DOG? _____
WHERE DID YOU GET THE DOG? _____
NAME OF VETERINARIAN _____

Personal Information will never be shared with a third party without your expressed consent.

### DAILY SCHEDULE

Time spent indoors \_\_\_\_\_% outdoors \_\_\_\_\_% How long left alone on an average day? \_\_\_\_\_ hours  
Indoor Space: \_\_\_ free run of the home \_\_\_ restricted to certain areas \_\_\_ crated (when/how long?) \_\_\_\_\_  
Outdoor Space: \_\_\_ free run of fenced in yard \_\_\_ kenneled \_\_\_ kept on chain/run \_\_\_ only out on leash  
Diet: \_\_\_% dry \_\_\_% canned \_\_\_% human food primary brand \_\_\_\_\_  
Exercise: Describe type, frequency, duration \_\_\_\_\_

### SOCIAL CONTACT & TEMPERAMENT

Family members at home: adults \_\_\_\_\_ children/ ages \_\_\_\_\_ other pets: \_\_\_\_\_  
Amount of contact with other adults and/or children: \_\_\_ None \_\_\_ Infrequent \_\_\_ Daily-weekly  
Response to unfamiliar people: \_\_\_ Friendly \_\_\_ Cautious \_\_\_ Avoids \_\_\_ Growls \_\_\_ Snaps \_\_\_ Barks \_\_\_ Lunges \_\_\_ Bites  
Amount of contact with other dogs: \_\_\_ None \_\_\_ Infrequent \_\_\_ Daily-weekly  
Response to unfamiliar dogs: \_\_\_ Friendly \_\_\_ Cautious \_\_\_ Avoids \_\_\_ Growls \_\_\_ Snaps \_\_\_ Barks \_\_\_ Lunges \_\_\_ Bites  
Describe your dog's personality (check all that apply):  
\_\_\_ Friendly \_\_\_ Eager to please \_\_\_ Nervous/Anxious \_\_\_ Temperamental \_\_\_ Bossy/Stubborn \_\_\_ Aloof \_\_\_ Shy/Timid \_\_\_ Unpredictable  
\_\_\_ Aggressive to People \_\_\_ Aggressive to Dogs \_\_\_ Energetic \_\_\_ Lethargic \_\_\_ Confident \_\_\_ Quiet \_\_\_ Loud \_\_\_ Submissive \_\_\_ Playful  
\_\_\_ Hyperactive \_\_\_ Independent \_\_\_ Afraid of \_\_\_\_\_

### MEDICAL INFORMATION

Is your dog under current veterinary supervision/medication for any health or behavior problem? Describe. \_\_\_\_\_  
  
Does your dog have any physical limitations that would effect his/her mobility, stamina, or willingness to be in a group training? \_\_\_\_\_  
  
Do you as the dog's handler have any physical limitations that would effect your ability to participate in the training? \_\_\_\_\_

NOTE: A copy of your dog's vaccinations (or titer) will be required before you start the class.

\_\_\_ Vaccination records enclosed \_\_\_ I will bring records to the first class

Is this your first puppy/dog? \_\_\_ Yes \_\_\_ No Is this your first group training experience? \_\_\_ Yes \_\_\_ No

**PLEASE CONTINUE ON THE OTHER SIDE** 

