289 Littleton Road Chelmsford, MA 01824 Phone (978) 256-9555 Fax (978) 256-9554 www.countrysideveterinaryhospital.com

Pagistration Data



DOG BEHAVIOR CLASS ENROLLMENT

CLIENT INFORMATION Name:	PET INFORMATION	
Address:		
	Sex:	Breed:
Phone:	Color:	Markings:
E-mail:		

CLASS:

- □ Puppy Kindergarten (four-week session) age: 8-18 weeks at first class
- □ Level One Behavior (seven-week session) age: 5+ months
- Puppy Kindergarten + Level One *SPECIAL COMBO PRICE*

<u>Note</u>: Level One Behavior begins every eight weeks. Please inquire for the start date of the next session. Puppy Kindergarten and Level One Behavior may be taken back-to-back, or you may choose to enroll in a later Level One session date

Your session start date and time: ____

IMPORTANT FOR PUPPY KINDERGARTEN ATTENDEES:

- Please bring soft, breakable treats and a toy.
- You will need a six-foot leather, nylon or cotton lead, and a flat collar. NO FLEXI OR CHAIN LEADS; NO CHOKE OR PRONG COLLARS.
- Children are welcomed to attend classes and participate in training at the trainer's discretion. Each child under eight years old must be accompanied by one adult.

IMPORTANT FOR LEVEL ONE ATTENDEES:

• The first class is for owners only; dogs will attend weeks two through 7.

• At the first class, the trainer will present the lesson plan, provide clickers and hand out instructional materials. Handouts will include a complete list of treats and other training aids to bring to subsequent training classes. The start time for the first class may be different from start times for subsequent weeks.

• You will need a six-foot leather, nylon or cotton lead, and a flat collar. NO FLEXI OR CHAIN LEADS; NO CHOKE OR PRONG COLLARS.

• Children are welcomed to attend the 2nd through 7th classes and participate in training at the trainer's discretion. Each child under eight years old must be accompanied by one adult.

PAYMENT:

Payment is due 2 weeks prior to the first class. Payment should be submitted with this form to ensure your reservation. You will receive confirmation of enrollment 1 week before classes begin.

Client Signature

Date

CRS Initials

Note: Page 2 must be completed at time of enrollment. 01/19/2010

Please answer the questions below and return to Countryside Veterinary Hospital with your payment (at least 2 weeks before the first class). This information will help the trainer better understand your dog.

Name	e: Name:		
Addre	ess:; Age:;		
	Sex: Breed:		
Phon	ne: Color: Markings:		
E-ma	il:		
1.	Where did you get your dog (shelter, breeder, rescue group, etc.)?		
2.	Is this your first dog?		
3.			
4.	Where does you dog sleep?		
5. room	Where does your dog spend the day when you are not at home (crate, loose in house, confined to 1 , daycare)?		
6.	Is your dog your only pet? Y N If no, what other pets does your dog live with?		
7.	Are there children in your household? Y N If so, what are their ages?		
8.	If no children in the immediate household, does your dog regularly spend time with other children		
	hbors, visiting grandchildren, etc.)?		
9. 40	What brand or type of food do you feed your dog?		
10.	How often do you feed your dog (once a day, twice a day, free feeding)?		
11.	What is your dog's activity level? Low Medium High		
12.	How often do you play with your dog?		
13.	How much exercise does your dog get (walks, long runs, yard play)?		
Pleas	se check all of those things below that concern you about your dog's behavior.		
	Mouthing		
	Barking		
	Pulls on leash		
	Chases people or other animals		
	Nips at people and/or children		
_	Runs away when called		
	Aggressive toward people		
	Aggressive toward dogs or other animals		
	Shy with people		
	Steals and runs away with items		
	Growls at you when you go near his/her food bowl?		
	Growls at you when you try to remove an item from his mouth?		
	Growls if asked to get off furniture		
	Urinates in the house or when people greet him		
	Other		