



All Humane Dog Training and Behavior Solutions
805-440-1218
HumaneTraining@gmail.com
www.HumaneDogTraining.org

Dog Training Registration Form

Your information:

Name _____

Day Phone _____ Cell Phone _____

Address _____

City _____ State _____ Zip _____

May we confirm/correspond with you via e mail? Yes No

Dog information:

Dog's name _____ Breed/Mix _____

Dog gender Male Female Is your dog spayed/neutered? Yes No At what age? _____

How old is your dog now? _____ At what age was your dog acquired? _____

Where did you acquire your dog? _____

Previous training classes taken? Yes No If yes, where? _____

How old was your dog at the time class(es) were taken? _____

Dog Behavior:

Check all that apply:

1. What does your dog do when on leash and sees another dog?

Barks Growls Lunges Snaps Hides Ignores Wags Gets "out of control"

2. What does your dog do when off leash and sees another dog?

Barks Growls Lunges Snaps Hides Ignores Wags Gets "out of control"

3. Has your dog ever growled at a person? Yes No

4. Has your dog ever bit a person? Yes No

If you answered yes to #3 or #4, please describe the situation including the age and gender of person and setting where it happened: _____
