



Level 1 Obedience Class

Owner Name: _____

Phone Number: _____ Email Address: _____

Pet Name: _____ Weight: _____

Age: _____ Breed: _____ Gender: M/F/N/S

Current Veterinarian: _____

Permission to obtain vaccine records? Y/N

Does your pet have any physical or health problems which may affect training?

Top 3 Behavioral Concerns (if any): _____

Please list any commands your dog already knows: _____

Can your dog have the following? Check those that are allowed:

- ☐ Peanut Butter
- ☐ Squeeze Cheese
- ☐ Chicken-based Treats

Please add anything additional you would like the trainer to know about your dog:

