



Lakeville Family Pet Clinic

### 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?

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Top 3 Behavioral Concerns (if any): \_\_\_\_\_

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Please list any commands your dog already knows: \_\_\_\_\_

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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:

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