

**Justin's Canine Campus**  
**Obedience Class Registration Form**

**Owner's Information:**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone (C) \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email \_\_\_\_\_

**Pet Information:**

Dog's Name: \_\_\_\_\_ Male / Female Breed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Spayed/Neutered? Yes \_\_\_\_\_ No \_\_\_\_\_

Known Allergies or Medical Concerns: \_\_\_\_\_

Known fears or behavioral concerns: \_\_\_\_\_

Has your dog been socialized with other dogs? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your dog display nervous or aggressive behavior towards strangers? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Have you received training somewhere else; if so, where and when? \_\_\_\_\_

What are your goals for training? \_\_\_\_\_

**Please indicate which class you are interested in attending:**

Basic (Sundays 9:30-10:30am) \_\_\_\_\_ Basic (Sundays 10:45am-11:45am) \_\_\_\_\_

Basic (Mondays 6:15pm-7:15pm) \_\_\_\_\_ Basic (Tuesdays 6:15pm-7:15pm) \_\_\_\_\_

**How did you hear about us?** Referral \_\_\_\_\_ Referral's Name \_\_\_\_\_

Website \_\_\_\_\_ Social Media \_\_\_\_\_ Advertisement \_\_\_\_\_ Please describe where \_\_\_\_\_

**All dogs must be up-to-date with age appropriate vaccinations (Rabies, Distemper and Bordetella) and be free from any fecal parasites that could pose a health risk to other dogs. Spaying/neutering is not required for training, however, please notify us if you have a female in heat so that we can plan accordingly.**