**Scent Class Registration Form**

**Class\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date \_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Owner’s Name:** | **Phone:**  **Cell:** |
| **Address:** | **Email:** |
| **Dog’s Name:** | **Dog’s Date of Birth:** |
| **Dog’s Breed:** | **Dogs Approximate Weight:** |
| **Male Female** | **Spayed Neutered Unaltered** |

**Previous Training Experience**

|  |
| --- |
| What dog training classes have you previously attended? |
| Does your dog have competition experience? What activities? |

**My Dog’s Behavioral Challenges**

(Circle all that apply)

|  |  |  |
| --- | --- | --- |
| Biting | Growling | Dog Aggressive |
| Leash-pulling | Separation Anxiety | Excessive Barking |
| Shyness | Housebreaking | Jumping Up |
| Chewing | Digging | Food Protector |

Dog is fearful of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dog’s preferred reward: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return form to your class instructor or mail to Debbie Hoy, debhoy1754@gmail.com.