



For Clicks and Wiggles Registration Form

Owner Name(s): _____

Phone #(s): _____

Address: _____

Email Address: _____

Dog's Name: _____ Male/Female: _____

Breed: _____ Age: _____

Spayed/Neutered: _____

Any Behavior Problems:

Veterinary Hospital Name: _____

What is the main thing you would like to get out of training? _____

What does your dog like?(treats, toys, affection, sniffing?) _____

Class Start Date: _____

Type of Class: ___ Basic Class ___ Puppy Class ___ Intermediate Class
___ Advanced Class ___ Private Lesson