



Disabled Veterans Dog Training Class Application

Date: _____

Owner Information

Name _____ E-mail _____
 Address _____ Home Phone _____
 City, State, Zip Code _____ Cell Phone _____

Dog Information

Name _____ Breed _____
 Sex (Circle) Female Male Birthdate _____
 Spayed Neutered

Vaccination Records

(Please provide vaccination records from a licensed veterinarian)

	Date of last vaccination	Next vaccination due date
Rabies	_____	_____
Bordatella	_____	_____
DPVV	_____	_____
Flea/Tick Control	_____	_____

Dog Personality

Circle all that apply:

	Aggressive Calm	Confident Easily Excitable	Shy Submissive
Dog's Behaviour when....			
Meeting another dog	Calm	Happy/Excited	Aggressive
Meeting a stranger	Calm	Happy/Excited	Aggressive
Interacting with other dogs	Calm	Happy/Excited	Aggressive

Is your dog possessive of food or toys? Yes No
 If yes, explain _____

Has your dog ever been bitten by another animal? Yes No
 If yes, explain _____

Has your dog ever bitten another dog? Yes No
 If yes, explain _____

Has your dog ever bitten a person? Yes No
 If yes, explain _____

Training History / Goals

Circle all that apply:

No formal training Puppy Classes Basic Obedience Ser Other: _____
 AKC Star Puppy AKC Good Citizen Therapy Dog Ser Other: _____