



ENROLLMENT FORM: Parent/Puppy Socialization Class

Your Name _____ Dog's Name _____

Dog's Breed _____ Age _____ (weeks) Sex M F

Is your dog neutered or spayed? Yes No

Does your dog have any physical limitations/medical problems? Yes No
If yes, please describe: _____

Do you, the parent, have any physical limitations we should allow for in class? Yes No
If yes, please describe: _____

Is your dog on any medication? Yes No What? _____

Your Address: _____

Daytime Phone: () _____ Evening Phone: () _____

Email Address: _____

Your Vet's Name: _____ Phone: _____

*Puppy Vaccinations Received: 1st round 2nd round 3rd round

Dog acquired from: PET SHOP SHELTER BREEDER OTHER _____

Approx % of time dog is: Inside ___% Outside ___% Crated ___% Tied ___%

About how many minutes per day do you:
Walk puppy on leash _____ mins. Play with puppy _____ mins. Groom _____ mins.

We provide treats in class to enhance focus. Please check the flavors permitted:

Peanut Butter Chicken Cheese Liver Beef Any favorites? _____

What do you like best about your puppy? _____

What concerns you the most about your relationship with your puppy? _____

