



## 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:  1<sup>st</sup> round  2<sup>nd</sup> round  3<sup>rd</sup> 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? \_\_\_\_\_

