



Last Chance Dog Training Class Registration
6 week training session: \$135
\$125 for dogs that have been adopted from Last Chance Ranch
(*5 Dog Minimum, 6 Dog Maximum per course)

_____ Wednesday Night Sessions from 6-7PM, Wednesday March 17th - Wednesday April 21st

_____ Saturday Afternoon Sessions from 1-2PM, Saturday March 20th - Saturday April 14th

Your Name: _____ Address: _____

City: _____ State: _____ Zip: _____ DOB ___/___/___

Home Phone: _____ Cell Phone: _____

Email: _____

Dog's Information:

Dog's Name: _____ Dog's Age: _____ Dog's Size: small medium large

Dog's Breed or Mix of Breeds: _____

Where did you get your dog: _____ How long have you had your dog for: _____

Are there any other dogs in the household: _____ Vet's Information: _____

Is your dog:

Spayed or Neutered Y N

Up to Date on Vaccinations Y N

**Please include proof of updated Rabies Vaccine upon submission of this form

Does your dog:

Have any Previous Training? Y N

If so where: _____

Have Medical Problems?

Y N

If so please list _____

Have any Behavioral Issues?

Y N

If so please list _____

Has he/she ever bitten?

Y N

If so, what were the circumstances (bruising, broken skin, etc): _____

Know how to: (Circle all that apply)

Sit

Stay

Lay Down

Heel

Loose Leash Walk

What are you hoping to learn from this class: _____

In what area does your dog most need to improve: _____

Do you have any prior dog experience? If so, what: _____

I hereby certify that all above information is true and correct. If any of the above information is found to be incorrect or incomplete, Last Chance Ranch reserves the right to eject me from the program.

Signed: _____

Date: _____

Printed: _____