



**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 September 15th: Dog Training Level I: The Basics

\_\_\_\_\_ Saturday AM Sessions from 9-10AM, Saturday October 9th: Dog Training Level I: The Basics

\_\_\_\_\_ Saturday Afternoon Sessions from 1-2PM, Saturday October 9th: Dog Training Level II

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): \_\_\_\_\_

Have they shown any reactivity with dogs or people on or off leash?

Y N

If so, please explain: \_\_\_\_\_

Are they reactive with dogs of other sizes?

Y N

(Such as scared of bigger dogs or shown a prey drive with smaller dogs?)

If so, explain: \_\_\_\_\_

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: \_\_\_\_\_

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

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Anything else you'd like us to know about your dog? \_\_\_\_\_

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**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: \_\_\_\_\_