



**Last Chance Ranch Dog Training Class Registration**  
**6 week training session: \$150**  
**\$140 for dogs that have been adopted from Last Chance Ranch**  
(\*5 dog minimum, 6 dog maximum per course)

Currently Enrolling! We have classes starting regularly on Saturdays and Tuesdays. Please complete this form and return to Denise@[lastchanceranch.org](http://lastchanceranch.org). Please inquire directly to find out the next start date.

**Dog Training Level 1**

The Basics - Utilizing positive reinforcement to teach your dog name recognition, sit, down, watch me, stay, leave it, recall, loose leash walking, hand-targeting and place.

**I am interested in attending**

\_\_\_\_\_ Tuesday 6pm to 7pm or \_\_\_\_\_ Saturday 8:30am to 9:30am

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? \_\_\_\_\_

Are there any other dogs in the household? \_\_\_\_\_ Vet's Information: \_\_\_\_\_

Is your dog Spayed or Neutered? Yes No

Up to date on vaccinations? Yes No

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

Does your dog have medical problems? Yes No

If so please list \_\_\_\_\_

Does your dog have any behavioral issues? Yes No

If so please list \_\_\_\_\_

---

Has he/she ever bitten? **Yes** **No**

If so, what were the circumstances? (bruising, broken skin, etc): \_\_\_\_\_

---

Have they shown any reactivity with dogs or people on or off leash? **Yes** **No**

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

---

Are they reactive with dogs of other sizes? Such as being scared of bigger dogs or shown a prey drive with smaller dogs.

**Yes** **No** If so, explain: \_\_\_\_\_

---

Do they know how to? (Circle all that apply) **Sit** **Stay** **Lay Down** **Heel** **Loose Leash Walk**

In what area does your dog most need to improve: \_\_\_\_\_

---

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

---

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

---

How did you hear about us? Circle one or all that apply:

**Facebook** **Instagram** **Last Chance Ranch** **Other** \_\_\_\_\_

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: \_\_\_\_\_