

ALPHA CANINE SERVICES GROUP CLASS, PRE-REGISTRATION FORM

Name: _____ Date: _____

Address: _____

City: _____ Zip Code: _____

Home phone: _____ Cell: _____

E-Mail: _____

Dog's Name: _____ Dog's Date of Birth: _____

Dog's Breed: _____ Dog's Age: _____

Dog's Sex: MALE FEMALE Dog has been spayed or neutered: YES NO

Dog came from: (circle one) Amateur Breeder Professional Breeder Shelter Pet Store

Age of dog when you got it: _____

My dog is current on: Rabies _____ Distemper _____ Kennel Cough _____

Has this dog ever bitten a human being: YES NO If yes, did the bite require medical attention?: YES NO

Has this dog growled and/or snarled at you or anyone at any time?: YES NO

Has this dog ever been in a fight with another dog?: YES NO

If Yes how long ago? _____ How old was the dog at the time of the fight? _____

Is your dog friendly or at least tolerate other dogs?: YES NO

Has this dog received formal training before or been seen by a behaviorist? If so, by whom, and at what age?

Goals/Problems: _____

Class you are registering for: (circle one) PUPPY CLASS BASIC CLASS AGILITY CLASS

If Agility Class please choose a level: BEGINNER INTERMEDIATE ADVANCED

Class Dates: _____

How did you learn about us? (circle one)

Vet Referral Brochure at Vet Office Shelter Friend Newspaper Ad Radio TV Website

Returning this completed form along with your enrollment fee will reserve a place in class for you and your dog. Class size is limited and they fill quickly. Enrollment fee is non-refundable. Make sure of your commitment before you make your payment. Mail to: Alpha Canine Services S3791 County Road A, Baraboo, WI. 53913. 608-356-0367