



SEVEN CEDARS
DOG TRAINING

ENROLLMENT FORM

Date _____

Dog's Name	Birthdate	Sex	Breed
Where acquired	Age acquired	Diet /Dietary restrictions?	
Owner interested in <input type="checkbox"/> Puppy Social Hour <input type="checkbox"/> Adult Social Hour <input type="checkbox"/> Individual Training <input type="checkbox"/> Puppy Basic Training <input type="checkbox"/> Adult Basic Training <input type="checkbox"/> 1-week Board and Train <input type="checkbox"/> 2-week Board and Train <input type="checkbox"/> 3-week Board and Train			
How is your dog off-leash with other dogs? How about people? Has your dog ever been aggressive with either?			
List any behavior concerns here			

Owners Name	Phone	Email
Address		Referred by
Veterinarian	Medical conditions	Walkers or Daycare
Prior trainers	Other pets	Other people living in home