

Scent/Nose Work Class Beginner Intermediate Advanced

(Circle One Above)

Fill in your class time and Day--

Start time & Day : _____ - _____

Instructors Info:

Paid COM Fee Check____ Cash ____

Supplies Given Out: _____

Vaccinations Ck: DH combo____ Rabies _____

Please fill out and return to instructor

Today's Date: _____

COM Checks are made out to: Carol Ely

Attendance will be taken at every class and will reflect on pass or fail of class, and move ups to the next level.

Your First and Last Name: _____ Phone: (for cancelations) _____

Email for missed weekly goals and cancellations: _____

Dogs Name: _____ Breed & Type of Dog (if known): _____

Color of Dog: _____ Small, Med or Large _____ Male or Female: _____

How long have you had your dog? _____ Age of Dog: _____ At what age did you get him/her? _____

Is your dog Food or toy Motivated? explain a little about it _____

Is your dog shy with People? _____ or Dogs _____

How did you hear about this Scent/Nose Work class? _____

Has your dog had any prior Scent Work Training? _____

If so, where? _____

What is your goal for this class (please explain i.e. just to have fun, future Trials)

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Are there any Scent Work training issues that you are concerned about?

Any Additional Information you would like to add -
