Dog Behavior Form Date:_____

Instructors Info:
JALC Registration Done:
Shot Records CK:
Parvo/Distemper Rabies
<u>.</u> !

Please fill out and return to the instructor - Today

Class Day of Week	Start Time:
Your First and Last	Name: Phone: (for cancelations)
	LC email address will be used first to contact you if needed. Make sure it is correct.
	Breed of Dog (if known):
Approx. weight	Male or Female: Age of Dog: Color of Dog
How long have you	had your dog? At what age did you get him/her?
Have you taken this	class before? (if so, you can skip to below the line)
If so, (circle one)	bg had any obedience training in the past? You Dog Beginner class, CD title, CDX, Other
Have you ever work	ted with positive training techniques before this class?
•	for a AKC - CGC (Canine Good Citizen) title after this session is completed?ep test that AKC will title your dog if passed. We will cover most of the steps in this class.
Continue the training Home Obedience Dog Agility Nose Work How to get more conditions Other (please explains)	earning (check all that applies) — g I learned in this class from a prior session Show Obedience Just want to have a better pet Tricks Rally Obedience CGC (Canine Good Citizen) Therapy Dog ntrol of my dog Not sure n)
Is there anything in	particular that you would like to see covered in this class?
Are there any dog tr	aining issues that you are concerned about?
	gression or behavior issues —
To people explan	1:
	ns ? Food Toys People Home: Other:
Destruction: Che	ewing: Digging:
What motivates y	your dog the most to play?