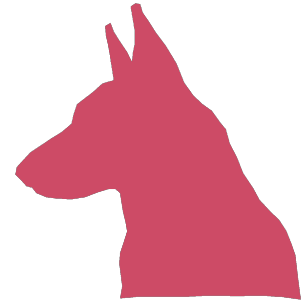


LOBEL CANINE SERVICES



“Teaching People to Speak Dog”

INDIVIDUAL CLASS INFORMATION FORM

- Puppy Basic Transitional Sophisticated
 A.K.C.©-C.G.C.© (Canine Good Citizenship) A.K.C.©-S.T.A.R. Puppy©
 Therapy Dog-Ready Other _____

Class Info: Day of week: _____ Date: _____ Time: _____

Session Location(s): _____

Please list any known dates you will be unable to attend: _____

OWNER INFORMATION

Owner Name: _____

Cell Phone: () _____ Home Phone: () _____ Work Phone: () _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip code: _____

EMERGENCY CONTACT INFORMATION

Only to be used if an emergency should arise and Owner is unable to make contact.

Contact name: _____ Relationship: _____

Contact's Phone number: () _____ Email: _____

What brings you to Lobel Canine Services?

What are the most important goals for you and your Canine Companion to accomplish from these Sessions?

Please list any bad habits that your Canine Companion has that you would like to have modified.



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CANINE COMPANION INFORMATION

Dogs Name: _____ Male / Female Age: _____ mo’s/yrs
Breed _____ Spayed (*female*) / Neutered (*male*) Date Altered: _____

Circle: Rescue / Breeder / Other Name of Rescue / Breeder / Other: _____

Is your Canine Companion Microchipped? Yes / No Microchip number: _____

DATE of **ALL** current vaccinations, **including** Bordetella (Kennel Cough), Rabies, Flea & Tick and Heart Worm Prevention: Yearly Vaccination: _____ Bordetella: _____ Rabies: _____ Good for: _____ years.
Flea & Tick: _____ Brand used: _____ Heart Worm: _____ Brand used: _____

(Note: ALL dogs must be on consistent Flea & Tick and Heart Worm prevention (in addition to yearly vaccine and Rabies) in order to participate in any individual and/or group sessions. This is for the protection of all dogs. If your dog has had the Bordetella Vaccine within the last year, and you do NOT take your dog to doggie day care(s), dog parks, group play dates or boarding facilities, you will only need to provide proof of the YEARLY vaccine. If your dog DOES attend the doggie day care(s), dog parks, group play dates or boarding facilities, you will be required to have proof of the vaccination in the last 6 months.

Does your dog attend (check all that apply): Daycare Group Play Dates Dog Parks Boarding Facilities
Where: _____ How many days a week: _____ How long attended: _____
My dog does not attend Daycare, Group Play Dates, Dog Parks, Boarding Facilities (Initial Here): _____

Age of Canine Companion when brought into your family: _____

Is your Canine Companion on any medication at this time? Yes / No

If yes, please list medication(s) and what condition(s) is/are being treated.

Has your Canine Companion been treated for *any* illnesses in the last 6 months (this includes Kennel Cough, Parasites, Giardia, etc.)? Yes / No If yes, please list illness(es) and explain.

VETERINARIAN INFORMATION

Name: _____ Phone Number: () _____

Location of Practice: _____

Owner/Client agrees to accept full responsibility for canine companion’s actions before, during, and after: class, private sessions, seminars, clinics, any activities associated with Lobel Canine Services, and agrees to hold harmless Obedience Instructor(s), Assistants and Guests of Instructor(s), Lobel Canine Services, hosting Facility/Property, staff, and volunteers.

Signature: _____ **Date:** _____