

Mutts, Manners and More, LLC
Dog Training: From Pets to Performance

HANDLER INFORMATION

Name:
Address: City:
Phone:
Email:

DOG INFORMATION

Name: Age:
Breed: ___male ___female
Spayed/neutered: ___yes ___no How long has your dog lived with you?

Vet's Name: Town:
Is your dog current on: ___vaccinations ___flea/tick prevention
Rabies Tag # _____

Please list any goals you have for your dog and/or issue(s) that your dog is currently having:

My signature below indicates that I have been given access to a copy and am familiar with the Training Facility Operating Policies.

Signed: _____ Date: _____

Date	Amount Paid	Session Dates

