



Dancin' Woofs, LLC
Compassionate Dog Training & Daycare
63027 NE Lower Meadow Dr., Suite D
Bend, OR 97701
Phone/Fax 541-312-3766

REGISTRATION FORM - PLEASE COMPLETE & RETURN WITH CHECK

PUPPY 101 BASIC COMPANIONSHIP INTERMEDIATE AGILITY **Start Date:** _____
 DOG ABILITY TRICKS ADVANCED OTHER _____

NAME _____ (Time preference Basic: _____)

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

E-mail _____ * Would you like to receive E-updates
on upcoming classes & services? YES NO

DOG'S NAME _____ BREED _____ AGE _____ DOG'S SEX: M F

DOG'S VET _____ HOW DID YOU HEAR ABOUT US? _____

Spayed/Neutered Age obtained? _____ From where? _____

Have you trained a dog before? _____ When? _____ Where? _____

State briefly any behavior problems. Please be specific. _____

What do you hope to accomplish in class? _____

Do you have any hearing or other physical disabilities ? _____

If your dog has had any illness or skin disorder in the last 6 months, state the nature of the problem and whether treated by a veterinarian. _____

Date of last DHPP* shot: _____ Who gave vaccine? _____

Date of last Rabies shot: _____ Who gave vaccine? _____

Date of last bordatella shot: _____ Who gave vaccine? _____

*DHPP (Distemper, Hepatitis, Parainfluenza, Parvovirus)

What kind of dog food do you feed your dog? Please state exact brand, canned, dry, etc. _____