



Animal Barn-Pet Paradise

Winona Leard Instructor
nonaleard@comcast.net
Phone: 251-604-3100
www.LeapofFaith.com

9211 Cottage Hill Road
Mobile, AL 36695
Phone: (251) 633-6336 Fax: (251) 633-9901
www.AnimalBarn.com

DOG TRAINING CLASS APPLICATION

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Other Phone: _____ Email: _____

Emergency Contact: _____ Veterinarian: _____

Dogs Name: _____ Breed: _____

Dogs Date of Birth: _____ Weight: _____ Male/Dog Female/Bitch

- Has the dog in this class or other dogs in your household had any **Obedience** training? Yes No
If Yes, where: _____ to what level/titles? _____
- Has the dog in this class or other dogs in your household had any **other** training? Yes No
If so, where: _____ to what level/titles? _____
- What would you like to accomplish in this class? _____

4. How did you hear about our classes? _____

5. Please check any additional dog training interests you have:
- Advanced/competition Obedience Competitive Agility Pet Therapy
- Rally Obedience Canine Good Citizen Certificate (CGC) Other, list: _____

Check all that apply: My dog is:

- Confident Dominant Calm Hyper
- Friendly Submissive Shy Dog Aggressive Human Aggressive
- Other Interesting Traits: _____

NOTE: True aggression is not appropriate for class setting.

Please check the class you are registering:

- Basic Pet Obedience Beyond Basic Obedience
- Beginning Agility *Pre Requisite –Basic Obedience Novice Agility Handling * Pre Requisite –Basic Obedience
- Field Practice with Agility Class

Class start date: _____ **Time:** _____

Class size is limited. Pre registration and payment is recommended to hold your spot in the class. Classes are one hour one night per week and run in sessions of 6 consecutive weeks.

Staff use only:

- Copy of Vaccination record attached Waiver signed
- Payment received Amount \$ _____ Emp. Initials _____