



# Training Application

Camp Curious Canine  
245 Crawford Street  
Fitchburg, MA 01420  
978-537-2475

[www.campcuriouscanine.com](http://www.campcuriouscanine.com)

Please indicate the class you are planning on attending:

- Puppy
- Beginner Class
- Tricks Class
- Advanced Beginner Class
- Agility for Fun Class
- \_\_\_\_\_

Day of class (circle one): *Monday Tuesday Wednesday Thursday Friday Saturday*

Time of class: \_\_\_\_\_ am / pm

Start date of class: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Student/Dog Information:

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Have you trained a dog before?:  Yes  No If so, where? \_\_\_\_\_

Are there children in your house?:  Yes  No If so, what ages? \_\_\_\_\_

Name of Dog: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Sex:  Male  Female Spayed/Neutered:  Yes  No If yes, when?: \_\_\_\_/\_\_\_\_/\_\_\_\_

Does your dog have any health issues?: \_\_\_\_\_

What brand of food do you feed your dog?: \_\_\_\_\_

How much exercise does your dog receive during the day?: \_\_\_\_\_

Please list the last date that each vaccine was administered (we require the following vaccinations for all dogs enrolled in classes):

*Distemper:* \_\_\_\_/\_\_\_\_/\_\_\_\_

*Bordatella (Kennel Cough):* \_\_\_\_/\_\_\_\_/\_\_\_\_

*Rabies:* \_\_\_\_/\_\_\_\_/\_\_\_\_

Although not required for class, we recommend getting a fecal sample run by your veterinarian to ensure your dog does not have any intestinal parasites.

For office use only:				
Amount Paid: _____	Check #: _____	Cash: _____	Owed: _____	Confirmed: _____

Behavioral Information:

Please answer these questions as honestly as possible so that we can best serve you and your dog.

Does your dog display any of the following behaviors? How often do they occur?

	1 (Never)	2 (Almost Never)	3 (Infrequent)	4 (Frequent)	5 (Very Frequent)
<i>Bite/Snap</i>					
<i>Bark/Growl</i>					
<i>Snarl (show teeth)</i>					
<i>Jump up</i>					
<i>Beg</i>					
<i>Steal food</i>					
<i>Bark excessively</i>					
<i>Shy away</i>					
<i>Guard food</i>					
<i>Guard toys</i>					
<i>Guard owner(s)</i>					

Is your dog friendly with people?:  Yes  No Is your dog friendly with other dogs?:  Yes  No

If not, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How long is your dog left alone each day?: \_\_\_\_\_

Is your dog crate trained?:  Yes  No Is your dog housetrained?:  Yes  No

Can you trim your dog's nails?:  Yes  No Can you bathe your dog?:  Yes  No

Are there any other behavioral issues that you are having? Is there anything else you hope to achieve through attending our classes?: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I have completed this application as honestly as I can, and to the best of my knowledge the above answered questions and information are correct.

Signature of owner: \_\_\_\_\_ Date: \_\_\_\_\_