



**Canine
Companion
Consulting**

GROUP TRAINING ENROLLMENT FORM

CLIENT INFORMATION:

Pet Parents Name (s): _____

Address: _____ Phone: _____

Email: _____ How did you hear about us? _____

Veterinarian's Name/Phone: _____

Last Vet visit: _____ Current Medical problems: _____

If "Yes" please describe. _____

Do you give permission to contact your vet for confirmation of current vaccinations? _____

If "No" then you must provide us copies of your current vaccinations records prior to class.

Please list all the behaviors that you would like assistance with:

Dog's Name: _____ Breed: _____ Date Adopted: _____

Date of Birth: _____ Sex: _____

Has your dog ever bitten a human? _____

Has your dog ever bitten another dog? _____

Is your dog reactive on leash to dogs or humans? _____

Is there anything else we should know about your dog?

PAYMENT INFORMATION:

___ Check payable to 'Canine Companion Consulting' or 'CCC'

___ Credit card: <https://squareup.com/store/canine-companion-consulting>

Canine Companion Consulting

info@FoCo**Canine**.com

970-556-8726