



1328 W. Lake St.  
Chicago, IL 60607  
312.397.9077 (p)  
312.397.9079 (f)  
www.petcp.com

## Pet Care Plus Training Registration Form

Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Dog's Name \_\_\_\_\_ Age \_\_\_\_\_ Male or Female \_\_\_\_\_

Breed or Type \_\_\_\_\_ Has your dog been spayed or neutered? \_\_\_\_\_

How or where did you acquire your dog? \_\_\_\_\_

Does your dog get along well with other dogs? \_\_\_\_\_

Has your dog ever bitten anyone? Please explain. \_\_\_\_\_

Please describe in detail any problem behaviors you are experiencing with your dog.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*My non-refundable tuition fee of \$\_\_\_\_\_ is enclosed for the following class(es):*

Class(es) \_\_\_\_\_

You will receive a confirmation of your registration. You will not be admitted to class without your confirmation letter. Thank you.

For office use

Received	___/___/___	Dist. Combo	
Amount	\$ _____	Rabies	
Confirmed	___/___/___	Spay/Neuter	



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Please take a few moments to complete this questionnaire. Your responses help us to know how to provide you the best program possible.

How long have you had your dog? \_\_\_\_\_

What prompted you to acquire your dog? \_\_\_\_\_

What do you like best about your dog? \_\_\_\_\_

If you could change one thing about your dog, what would it be? \_\_\_\_\_

What do you hope to accomplish in this class? \_\_\_\_\_

Have you taken dog obedience classes before? If so, where? \_\_\_\_\_

In developing a good relationship with your dog, how do you rate obedience training on a scale of 1 (low) – 10 (high)? \_\_\_\_\_

