



NOSA

(North Saanich Dog Obedience Training Club)

Puppy Class - Registration

NAME _____ PHONE _____

EMAIL: _____

DOG'S NAME _____ DOG'S DATE OF BIRTH _____

BREED _____ SEX _____ SPAYED / NEUTERED? _____

1. How long have you owned your dog? _____

2. How many dogs do you presently own? _____

3. Do you walk your dog regularly? _____

How often? _____ How long? _____

On leash? _____ Off leash? _____

4. Does your dog come when called?

Always _____ Sometimes _____ Never _____

5. Have you ever attended an obedience class before? _____

6. Do you have a fenced yard for your dog? _____

7. How long is your dog at home alone on a regular basis? _____

8. Where does he spend the majority of the day? _____

9. Does your dog play with toys or retrieve? _____

10. What is your dog's best characteristic? _____

11. What is your dog's worst characteristic? _____

12. What do you hope to accomplish in this class? _____

13. Do you have any special needs or requirements the instructor should know about? _____

14. Does your dog have any physical problems or disabilities? _____

15. Has your dog ever displayed any aggressive tendencies? _____

Signature: _____



Date: _____