

# Enrollment Form- Pet Training

# Aspen Family Dog Training

## Personal Information

Today's Date: \_\_\_\_\_

Your Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ **CO.** \_\_\_\_\_  
*City* *State* *ZIP Code*

Home Phone: ( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

How did you hear about me? \_\_\_\_\_

## Course Information

\_\_\_\_\_ *Course Name* *Start Date* *Location*

What courses have you already taken? \_\_\_\_\_

\_\_\_\_\_ *When?* *Where?*

What did you enjoy most about that course? \_\_\_\_\_

Attendance 1 2 3 4 5 6 7 8

## Pet Information

Pet: \_\_\_\_\_ *Name* *Breed* *Sex* Age \_\_\_\_\_

Vet \_\_\_\_\_ *Name* *Phone*

Spayed or neutered? Yes No

Dog was acquired from a: Pet Shop  Shelter  Breeder

Approximate hours per work day that your dog has access to human or dog companionship? \_\_\_\_\_

How many minutes per day does your dog get active exercise through walking or play? \_\_\_\_\_

**Check all that apply to your dog:**

- |                  |                          |                          |                          |
|------------------|--------------------------|--------------------------|--------------------------|
| Growls           | <input type="checkbox"/> | Does not listen to me.   | <input type="checkbox"/> |
| Shy              | <input type="checkbox"/> | Barks                    | <input type="checkbox"/> |
| Fearful          | <input type="checkbox"/> | Aggressive               | <input type="checkbox"/> |
| Guards Food/Toys | <input type="checkbox"/> | Mouthy                   | <input type="checkbox"/> |
| Pushy            | <input type="checkbox"/> | Not good with people     | <input type="checkbox"/> |
| Bites            | <input type="checkbox"/> | Not good with other dogs | <input type="checkbox"/> |
| Other Issues? :  | _____                    |                          |                          |

**Disclaimer and Signature**

*I understand and agree that Aspen Family Dog Training (AFDT) shall not be liable for any injury or damage to any person, animal or property which results from the training or behavior of my pet. I also understand and agree that any child under the age of 16 must be accompanied by an adult. I further agree that AFDT and its employees shall not be held liable for any costs or expenses incurred as a result of my pet's participation in the program. AFDT reserves the right to refuse or terminate training services to any pet at any time. A prorated refund will be provided less an administrative fee of \$25.00. Client has 6 months to complete contracted training.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Who do we have to thank for your business ?** \_\_\_\_\_

**Diane Pinkerton (303)356-7135  
Owner/Trainer**

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