



Linda Kender's  
**D ♥ DOG**  
 Friendly Training



## CLASS ENROLLMENT FORM

*Complete **BOTH SIDES** and return as soon as possible.*

Your Name:	Occupation:
Address:	E-Mail:
City, State, Zip Code:	Cell Phone:
Home Phone:	Work Phone:
Dog's Name:	Dog's Age:
Breed(s): (If mixed, what types of breeds)	
Is Dog Spayed or Neutered: Yes or No	

**Class Enrolled In:** \_\_\_\_\_

PLEASE READ AND SIGN THE FOLLOWING UNDERSTANDING BELOW:

Our primary obligation in all of our group classes is the safety of all involved. We reserve the right to refund all or a portion of your registration fee if we determine that a dog will require individual attention beyond the confines of a group situation due to people or animal aggression.

I certify that my dog has no biting history – human or animal – or that any biting history is fully disclosed (please explain circumstances to instructor prior to the first class). I agree that I will remove my dog from class IF ASKED due to ANY behavior deemed unsuitable, unpredictable, or dangerous. In this circumstance, the handler MAY continue the class as a spectator ONLY, without the dog being present in the group class, OR withdraw from class. Refunds will be at the discretion of Linda Kender.

Additionally, I agree to hold Linda Kender, the Palm Beach Paw Spa, and any trainer and/or assistant harmless for any injury or loss sustained as a result of participating in the obedience training classes.

Your Signature: \_\_\_\_\_

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

**Please make checks payable to “Linda Kender”. Enrollment is on a first come, first served basis – and space is limited. Please mail payment and completed forms to: Linda Kender, 15470 Mellen Lane, Jupiter, FL 33478 or call (561) 308-9651 for more information.**

# CLASS ENROLLMENT QUESTIONNAIRE

Where did you get your dog? \_\_\_\_\_

How long have you had him/her? \_\_\_\_\_

Has your dog been in previous homes? If so how many & for how long? \_\_\_\_\_

Who is in the household? Adults \_\_\_\_\_ Children (ages) \_\_\_\_\_

Do you have any other pets? If so, what: \_\_\_\_\_

Have you had dogs before? Yes / No

How does your dog behave when you groom him? \_\_\_\_\_

What is your dog like with people? \_\_\_\_\_

What is your dog like with other dogs? \_\_\_\_\_

Where does your dog sleep at night? \_\_\_\_\_

What is your dog's diet? \_\_\_\_\_ How often do you feed? \_\_\_\_\_

Does your dog growl over his food or toys? Yes / No

What is your dog's favorite toy? \_\_\_\_\_ What is your dog's favorite game? \_\_\_\_\_

How much exercise does your dog get daily? \_\_\_\_\_

Is your dog exercised on lead or off lead? \_\_\_\_\_ Is your yard fenced? Yes / No

Do you have any particular problems with your dog? \_\_\_\_\_

\_\_\_\_\_

What would you like to learn from this course: \_\_\_\_\_

\_\_\_\_\_

How did you hear about this course: \_\_\_\_\_

## For Basic Manners & Obedience Course Only

Please circle any items you would like specifically covered during this course:

Jumping Up

Digging

Socializing

Handling

Barking

Mouthing

Biting

With other dogs / children

Housetraining

Chewing

Coming when called

Other: \_\_\_\_\_