

**Knoxville Veterinary Clinic
Beginner Dog Obedience Class Registration**

Class Start Date: _____

Owner Name: _____

Trainer Name: _____

Owner Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Occupation: _____

Dog's Name: _____ Breed: _____

Age: _____ Sex: _____ Spayed/Neutered: _____

How long have you owned this dog?

How old was dog when adopted?

Where did you adopt this dog from?

Does your dog have any disabilities or physical problems?

Has your dog had any illness, parasite, or skin issue in the last (6) months? (If yes, please explain.)

Veterinarian Name: _____

Veterinary Clinic Address: _____

Vaccination Information (please provide dates):

Distemper/Parvo: _____ Bordatella: _____ Rabies: _____

Rabies tag number: _____

Date of last negative fecal: _____

Has your dog ever bitten a person or another dog? (If yes, please explain.)

What goals would you like to accomplish with your dog?

The **non-refundable** fee for the six week course is \$100.00. This fee due when you sign your dog up for the course. Checks should be made to the Knoxville Veterinary Clinic.