

WAGGLES Academy for Dogs Inc.

REGISTRATION FORM

TODAY'S DATE:

Dog Information

Dog's Name:

Breed:

Dog's Age and Date of birth:

Gender:

Spayed/Neutered: if not, when do you plan to:

What Vaccines & When: (please attach vet record)

Had dog how long?

Client Information

Family Names:

Full Mailing Address:

Phone:

Email:

Service Information *(Please check which service you are registering for)*

Dog Walking

Puppy Visits

Dog Taxi

WAG'n'Learn PUPPY PRE-SCHOOL class start date: ____

WAG 'n' Learn Level 1, class start date: ____

WAG 'n' learn Level 2 (6 + months old) class start date: ____

WAG 'n' Learn Adult Refresher class start date: ____

WAG 'n' Learn Level 3 (10+ months old) class start date: ____

Private Lessons

Semi-Private Lessons

Behaviour Consultation

Grouchy Dogs

Confidence & Courage

WAG 'n' Play Lightweights or Heavyweights

ADDITIONAL DETAILS & NOTES: