



# Forever Friends Dog Training Centre REGISTRATION FORM

*Please indicate all names you wish on your graduation diploma*

Handler Name/s: .....  
.....  
Address: .....  
..... Postal Code: .....  
Phone: H ..... W .....  
Cell: ..... Other: .....  
Email: .....

**Where Did You Hear Of Forever Friends?**

- I am a former client**
- From a former client**
- Veterinarian**
- Flyer/Brochure**
- Advertisement**
- Website**
- Breeder**
- Rescue Organization**

Dog's Name: .....  
Breed: .....  
Birth Date: ..... Male  Female   
Spay Neuter: Yes  No  Proof of Vaccination:  copy attached

Veterinarian: .....  
Clinic .....  
Phone .....

What three things do you wish to teach your dog in this class?

1. ....2.
- .....3.
- .....

Does your dog display any behaviour/s that concern you? If so, please describe.

.....  
.....  
.....  
.....

For Office Use Only:

Class: ..... Start ..... Finish .....  
Instructor ..... Evaluation Rec'd  Evaluation Mailed