

New Student Application



The Curious Canine
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Please indicate the class you are planning on attending:

- | | |
|--|---|
| <input type="checkbox"/> Beginner Class 6:30pm | <input type="checkbox"/> Advanced Beginner Class 7:30pm |
| <input type="checkbox"/> Beginner Class 7pm | <input type="checkbox"/> Advanced Beginner Class 7pm |
| <input type="checkbox"/> Beginner Class AM Session | <input type="checkbox"/> Advanced Beginner Class 8pm |
| <input type="checkbox"/> Workshop | <input type="checkbox"/> Agility for Fun Class |
| | <input type="checkbox"/> _____ |

Day of class (circle one): *Monday Tuesday Wednesday Friday*

Start date of class: ____/____/____

Student/Dog Information:

Name of Student: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Telephone #: (____) _____-_____ Email: _____

Have you trained a dog before?: Yes No If so, where? _____

Are there children in your house?: Yes No If so, what ages? _____

Name of Dog: _____ Breed: _____ Age: _____

Sex: Male Female Spayed/Neutered: Yes No If yes, when?: ____/____/____

Does your dog have any health issues?: _____

What brand of food do you feed your dog?: _____

How much exercise does your dog receive during the day?: _____

How and where did you hear about us? _____

Name of Veterinarian: _____

Please list the last date that each vaccine was administered:

Distemper : ____/____/____

Bordatella (Kennel Cough): ____/____/____

Rabies: ____/____/____

Although not required for class, we recommend getting a fecal sample run by your veterinarian to ensure your dog does not have any intestinal parasites.

For office use only:

Amount Paid: _____ Check #: _____ Cash: _____ Owed: _____ Confirmed: _____

Behavioral Information:

Please answer these questions as honestly as possible so that we can best serve you and your dog. Does your dog display any of the following behaviors? How often do they occur?

	1 (Never)	2 (Almost Never)	3 (Infrequent)	4 (Frequent)	5 (Very Frequent)
<i>Bite/Snap</i>					
<i>Bark/Growl</i>					
<i>Snarl (show teeth)</i>					
<i>Jump up</i>					
<i>Beg</i>					
<i>Steal food</i>					
<i>Bark excessively</i>					
<i>Shy away</i>					
<i>Guard food</i>					
<i>Guard toys</i>					
<i>Guard owner(s)</i>					

Is your dog friendly with people?: Yes No Is your dog friendly with other dogs?: Yes No

If not, please explain: _____

How long is your dog left alone each day?: _____

Is your dog crate trained?: Yes No Is your dog housetrained?: Yes No

Can you trim your dog's nails?: Yes No Can you bathe your dog?: Yes No

Are there any other behavioral issues that you are having? Is there anything else you hope to achieve through attending our classes?: _____

Thank you taking the time to fill out this application and we are looking forward to meeting you and your dog.