



Student Profile

Name: _____ Other Family Members: _____

Address: _____ City: _____ State/Zip: _____

Phone (Home): _____ Phone (alt): _____ Email: _____

Does anyone in the family have any physical limitations that may affect training and so you'd like us be aware of?

Veterinarian: _____ Phone: _____

Dogs Name: _____ Breed: _____ Sex: _____ Neutered? _____ Age: _____

How old was your dog when you acquired him/her? _____ Where did you get your dog? _____

Does your dog have any pre-existing medical conditions? _____

How did you hear about Pet Suites Puppy Day Academy? \

Online Friend/Neighbor Drive By Veterinarian Groomer

List 4 goals for you and your dog to achieve in school:

1. _____ 2. _____

3. _____ 4. _____

List 4 behaviors your dog exhibits that you dislike:

1. _____ 2. _____

3. _____ 4. _____

List 2 things that your dog likes most in the whole world. _____

Does your dog have any food allergies? Yes No

Does your dog live with other animals? (list below)

Name						
Age						
Breed						
Sex						
Neutered/Spayed						

For Office Use Only:

Class/Program: _____ **Vaccination Dates:** _____

Orientation Date: _____ **Start Date:** _____ **Graduation Date:** _____

Tuition: