

			_	
Address			_	
CityPhone	State Email	Zip	_	
	Lillan			
About your dog Name			Breed	Age
Female Male _				
Medical issues/medications				
How long have you had your dog?				
Other animals in the family?				
Briefly describe your dog's persona	ality			
Are there any issues I need to know about to best plan our training?				
What do you love most about your	dog?			
About your training Class				
What are your training goals (both	short an	d long-term)?	_	
, 55 .		,		
What household rules do you want	t the dog	to follow?		
The Nitty-Gritty Emergency contact name and tele	ohone			
Please provide a copy of your dog	's up-to-	date vaccinations.		
	-		s procured during training sessions t	for promotional or teaching
Agreement I am aware that there are certain in	nherent	risks and hazards associate	ed with dog training activities.	
indemnify, and hold harmless Mine	dful Man Ilt from a	ners Dog Training and its a	permitted to attend any training sessingents for any claim, injury, or loss, cur or be alleged to occur caused dir	or expense, including legal
Signed				

This is a fillable form. Please complete it and email to cindy@mindfulmanners.net along with a copy of your dog's rabies vaccine certificate. Thanks!