

# APPLICATION FOR TRAINING

Owners

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone \_\_\_\_\_ Mr./Mrs.

Cell phone \_\_\_\_\_ Mr./Mrs.

Other phone \_\_\_\_\_

Email address: \_\_\_\_\_

Where did you hear about us?

Please circle one of the choices below

Word of mouth

Vet

Internet

Location

Other: \_\_\_\_\_

Name of emergency contact if I am not available

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Pet's  
Name \_\_\_\_\_  
Breed \_\_\_\_\_  
Color \_\_\_\_\_ Weight \_\_\_\_\_  
Age \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Male/Female \_\_\_\_\_ Neutered/Spayed \_\_\_\_\_

Name of regular veterinary office that your dog visits for vaccinations and medical treatments

Name \_\_\_\_\_ Phone \_\_\_\_\_

All of these vaccines and tests listed below are required prior to starting training at Lucky Dog. You must show proof of vaccinations and negative fecal from your veterinarian. Please make sure the below vaccine dates are filled in with current dates before turning in this form.

Date of last vaccinations:

We require every 6 months: Bordetella \_\_\_\_\_

We require every 1-3 years: DHPP \_\_\_\_\_

We require every 6 months: Fecal \_\_\_\_\_

We require every year: Lepto \_\_\_\_\_

We require every 1-3 years: Rabies \_\_\_\_\_

We do not require the canine influenza vaccine or flea preventative for training but strongly recommend both to anyone with a dog that is near other dogs. Re: training, daycare, boarding, grooming, dog parks, dog shows, play groups, other family pets etc.

Has your pet ever been treated for any of the following illnesses? Kennel Cough, Intestinal parasites (worms), Giardia, Leptospirosis, Flu, seizures, heart conditions, pancreatitis? Yes/No  
If so, when & what medication was used:

---

Has your pet traveled outside the immediate area within the last 30 days? Re: Up north, western MI, out of state? Yes/No  
If so when & where?

---

How long have you owned your pet? \_\_\_\_\_  
How did you acquire your pet?  
Breeder/Rescue/Other: \_\_\_\_\_

Has your pet ever participated in other training? Yes/No

If so, where & when was their last visit?

Where: \_\_\_\_\_

When: \_\_\_\_\_

Please list as many things as you like about why you love your dog!

---

---

---

Please list 3 things you would like to see improved about your pet

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Has your dog ever been aggressive to other dogs or people? Yes/No, which one? \_\_\_\_\_

Has your dog ever bitten anyone? Yes/No

What were the circumstances?

---

---

