



Wilford

DOG TRAINING

ACADEMY

REGISTRATION FORM

Date: _____

Name of owner: _____

Email: _____

Driver's Lic.# _____ S.S#: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Place of employment: _____

Spouse's name: _____

Spouse's work phone: _____

Dog's name: _____ Breed: _____ Sex: _____

Date of Birth: _____ Spayed/Neutered: _____ Age obtained: _____

From where: _____

Have you ever had a dog professionally trained before? _____

If so, by whom: _____ How long ago? _____

Name of animal hospital: _____

Vet's Name / Phone: _____

Shot History: _____

Brand Of Dog Food: _____ How many times a day do you feed? _____

Is your dog housebroken? _____

Any illness or skin disorder in the last six months? _____ Is the dog on any medication? _____

State the problems that you are having with the dog:

How did you hear about our training program ? _____

Credit Card: (circle one) Visa / MasterCard / Discover / American Express

Card Number: _____ Expiration Date: _____

SIGNATURE: _____

Mail to: Wilford Dog Training Academy / #8 Route 50 / Seaville, NJ 08230