



**Knoxville Veterinary Clinic  
Beginner Dog Obedience Class Registration**

Class Start Date: \_\_\_\_\_

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

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

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

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_

How long have you owned this dog?

How old was dog when adopted?

Where did you adopt this dog from?

Does your dog have any disabilities or physical problems?

Has your dog had any illness, parasite, or skin issue in the last (6) months? (If yes, please explain.)

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

Veterinary Clinic Address: \_\_\_\_\_

Vaccination Information (please provide dates):

Distemper/Parvo: \_\_\_\_\_ Bordatella: \_\_\_\_\_ Rabies: \_\_\_\_\_

Rabies tag number: \_\_\_\_\_

Date of last negative fecal: \_\_\_\_\_

Has your dog ever bitten a person or another dog? (If yes, please explain.)

What do you and your dog hope to accomplish in this class?

The **non-refundable** fee for the six week course is \$90.00. This fee due when you sign your dog up for the course. Checks should be made to the Knoxville Veterinary Clinic.