

**THE DOG HOUSE OF L.C. & L., INC.  
DOG TRAINING REGISTRATION FORM**

6460 N MILWAUKEE AVE.  
CHICAGO, IL 60631  
773-775-1040  
MAIL@THEDOGHOUSELCL.COM  
WWW.THEDOGHOUSELCL.COM



**General Information**

Name: \_\_\_\_\_ Referred By: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_

People and other animals including yourself that live in the household with your dog \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Veterinarian Information**

Vet's Name: \_\_\_\_\_ Vet's Phone Number: \_\_\_\_\_

Medical Conditions and Medications: \_\_\_\_\_

\_\_\_\_\_

**Dog Information**

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

Sex: Male Female Spay/Neuter: Yes No

Brand of Food?

How much and How often do you feed?

Who feeds the dog and where?

How long have you had your dog?

Where did you get your dog?

Has your dog completed previous training classes? If so where?

Is your dog crate trained?

What commands does your dog know?

What areas of training do you want your dog to improve on?

Any additional problems you want to address?

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Does your dog enjoy the company of other dogs?

Is your dog hesitant or nervous around strangers?

Amount and Frequency of exercise and activity;

Has your dog shown any issues regarding aggressive behavior?

Has your dog ever bit another person or dog? If yes please explain:

Has your dog ever been bitten by another dog? If yes please explain:

Any additional comments or concerns you would like us to know:

I, (Owner's Name) \_\_\_\_\_, as the legal owner of, (dog's name) \_\_\_\_\_ do hereby waive and release, The Dog House of L.C. & L., Inc., and all of its trainers and employees from any and all liabilities of any nature. I agree to take complete responsibility for the actions of my dog and myself, before, after, and during any training sessions. At no time will the instructor of this class be liable or responsible for the actions of myself, my dog or any other person who accompanies me to class or during training sessions.

Owner's Signature \_\_\_\_\_ Date: \_\_\_\_\_

To Be Completed by The Dog House of L.C. & L., Inc.

Class Type: \_\_\_\_\_

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

Class Fee: \$ \_\_\_\_\_

Payment Type: \_\_\_\_\_

Payment Date: \_\_\_\_\_