

**CONTACT ZONIES, LTD.
TRAINER'S INFORMATION FORM**

Please complete the following information for EACH DOG that has never taken agility classes at Contact Zonies. PLEASE PRINT

Date _____

Owner's Name _____

Handler's Name (if different) _____

Dog's Name _____

Class You are Registering this Dog for _____

Please circle all that applies:

Is the dog kept: inside outside crated home alone dog door

Is the dog: female-spayed male-neutered female-unaltered male-unaltered

Training level: Obedience Conformation House dog Other: _____

Does your dog have a title: CD CDX UD CGC Other: _____

Does dog respond to: come stay sit down stand wait leave it
stop heel fetch give jump over take it
friendly fearful aggressive standoffish
hyperactive couch potato sound sensitive
lick you to death may attack and/or bite people or and/or other dog
Other: _____

Bad Habits: howls digs steals growls barks chases
bites does not come when called begs chews
runs away Other: _____

What are your goals: fun competition personal training socialization
Other: _____

How does your dog react to the following?
strangers: _____
crowds: _____
other dogs: _____

Has your dog ever bitten anyone? _____ If YES, please describe: _____

List any other information that would feel would be important in evaluating your dog:

