



6129 NC Hwy 42 W
GARNER, NORTH CAROLINA 27529
919.662.3200

Training Enrollment Form

Owner name: _____ Dog name: _____

Breed/Description: _____ Age: _____ Sex: _____ Spay/Neuter _____

Phone#: _____ Email: _____

Your Dog Trainer Preference: Catherine Lynn

Training Collar of Choice

Program of choice

Stay & Learn

Day Training

My dog is clicker trained YES NO

Buckle/Snap

Pinch Collar

Harness

E-Collar

Head Halter

Trainer Recommendation

Martingale

Top 3 Goals

1. _____

2. _____

3. _____

Other Goals As Time Allows

1. _____

2. _____

3. _____

My Dog's Language (Number Accordingly)

[1=Best Possible Reward 2=Average 3= I'll work for it, but it better not be difficult]

_____ Food _____ Toys _____ Other

Preferred Treats

1. _____

2. _____

3. _____

Preferred Toys

1. _____

2. _____

3. _____

What my dog can do and the associated cue word:

Sit _____ Come _____ Stay _____ Wait _____

Off _____ Go to Place _____ Loose Leash Walking _____

Marker Word/Sound _____ Leave It _____ Others _____