



REGISTRATION

Date _____

Name _____

Address _____

Phone _____ E-mail _____

Name of Dog _____ Date of Birth _____

Breed _____ Male/Female? _____

Previous Training?

Specific Issues You'd Like to Address?

**What daily exercise does your dog get?
On leash or off leash?**

**Feeding:
How much and how often?**

Does your dog have access to food throughout the day?

How did you hear of Hotdiggity Dog Training? (from a friend, from your vet, advertisement, etc.?)