



Metro Animal Services Obedience Attendee Information Form

Date: _____

Owner's Name: _____ Phone #: _____

Participants Name: _____ Phone #: _____

Address: _____

Animal Name: _____ Age: _____ Medical Needs: _____

Sex: Male _____ Female _____ Spayed/Neuter: Yes _____ No _____

Breed: _____ Color(s): _____

Microchip Number: _____

Did you adopt, if so where from: _____ State: _____

How long have you owned your dog: _____

Any concerns or bad habits the trainer needs to know: _____

Any training that has been done: _____

What outcome are you looking for: _____

Signature of Owner: _____ Date: _____

Signature of Participant: _____ Date: _____

(Signature of Parent or Legal Guardian required if participant is under the age of 18). Participants must be at least 16 years old.

Signature of Parent or Legal Guardian: _____ Date: _____