



Wagg'n Tails Dog Training

Family Dog Training ~ Behavior Consultation & Modification

Chris Moe-Herlick, C.V.T., Dog Trainer

9811 Big Pine Street, Atlanta, Michigan 49709

Bus: 989-785-6609 Cell: 989-916-6495 Fax: 989-785-6509

Website: <http://www.waggntailsdogtraining.com>



House Call Registration Form

Please return 7 days prior to appointment.

Fees are non-refundable and required at completion of each house call.

Owner Information: Date: _____

Owner Name(s): _____

Address: _____ City: _____

Zip: _____ Home Phone: _____

Work Phone (Whose?): _____

E-Mail: _____

Cell Phone (Whose?): _____

Dog Information:

Dog's Name: _____ Age: _____

Breed: _____ Age when you received: _____

Veterinarian: _____ Business Phone: _____

Dates of Vaccines: Distemper Combo: _____ Rabies: _____

Date of Last Fecal Exam: _____

Current Medication(s): _____

Other Required Information:

Does your dog have any difficulty meeting people or other dogs? Yes
 No

Has your dog started a fight with another dog? Yes No

Does your dog lunge when it sees other dogs or strangers? Yes
 No

Has your dog ever bitten a person? Yes No (If Yes, what were the circumstance.)

Have you ever trained a dog before? Yes No

What is the most annoying behavior you want to overcome first?

What is your goal in training your dog?

Cost: Initial appointment including assessment \$80.00 plus mileage,
Follow up appointments \$45.00/Hour plus mileage

Length of Appointment or Follow Up Appointments: Dependant on each individual situation

Initial Appointment: Date: _____ Time: _____

I accept full responsibility for the acts of myself any family members, my dog, and any guests before, during and after the training process and release Wagg'n Tails Dog Training (Chris Moe-Herlick) from any and all claims of liability.

Signature: _____ **Date:** _____

Mail Registration to: Chris Moe-Herlick ,9811 Big Pine Street, Atlanta, MI 49709