

# Five Flags Dog Training Club

Coordinator: Cindy Sanford  
5030 Dobson Road \* Jay, FL 32565  
Phone: Cell: 850-748-4143  
email: qoth222@yahoo.com

Mail this completed form and proof of vaccinations (including Rabies)  
along with your check made out to **FFDTC** to the above address.  
Class fee is **\$100.00**.

OWNERS NAME(S): \_\_\_\_\_ Class Date requested: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ /ZIP \_\_\_\_\_

PHONE: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_

DOG'S NAME: \_\_\_\_\_ DOG'S AGE: \_\_\_\_\_

BREED: \_\_\_\_\_ SEX: \_\_\_\_\_ SPAYED/NEUT?: YES \_\_\_\_\_ NO \_\_\_\_\_

NAME OF DOG'S VETERINARIAN: \_\_\_\_\_

Any special training requests or challenges? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has this dog ever bitten anyone? If yes please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has this dog ever been in a fight with another dog? If yes please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We ask these questions to be prepared to meet your training needs – not to restrict dogs from  
our classes. However, we will refer to other trainers if we feel we cannot meet your needs.

**\*\*\* Please complete both pages \*\*\***

