



The Doggie Depot of Virginia, LLC,  
2100 Loudoun St., Winchester, VA 22601

### Training Enrollment Form

Please complete an enrollment form for each dog and provide a copy of most recent rabies vaccination record.

Owner Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

#### Pet Information

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_  
Age: \_\_\_\_\_ Gender: M/F Spayed/Neutered: Y/N

Has your dog had any formal obedience training?: Y/N If yes, please explain:

\_\_\_\_\_

Does your dog have any problems in the following areas (Please Circle):

Mouthiness Housetraining Jumping Digging Barking Other: \_\_\_\_\_

\_\_\_\_\_

I understand that The Doggie Depot of Virginia, LLC ("Doggie Depot") may choose to deny this application for enrollment for any or no reason in its sole and absolute discretion. I understand that if the Doggie Depot allows my dog(s) to participate in training that it will be subject to the terms and conditions of the Doggie Depot's General Information and Policies and the Owner Agreement, both of which I have been given the opportunity to review. I hereby certify that all of the information above is correct.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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#### Office Use Only:

Class Time (Circle One):

Tuesday

5:30pm

6:15pm

Thursday

5:30pm

6:15pm

Class Start Date: \_\_\_\_\_

Friday

5:30pm

6:15pm

Saturday

12:00pm

1:00pm

Other

\_\_\_\_\_

\_\_\_\_\_

Class Level (Circle One):

Puppy

Beginner

Intermediate

Advanced

Individual