

23717 Research Drive Farmington Hills, MI 48335

Tel: (248) 427-8245 Fax: (248) 888-9664

www.CanineCollegeMi.com

Student's Profile:		
Student's Name:	Breed:	Birth Date:
Please include any additional nar anyone unlisted. Please include f		k your student. We will not release your pet to
Name:	Name:	
Name:	Name:	
Gender: ☐ Male, Neutered ☐ I	Female, Spayed ☐ Male, Not Neute	ered □ Female, Not Spayed
Allowed to have treats: ☐ Yes	□ No	
Help us better understand your p	et's behaviors, please mark all that ap	ply:
<ul> <li>□ Not House-Trained</li> <li>□ Biter</li> <li>□ Excessive Barking</li> <li>□ Excessive Marking</li> <li>□ Excessive Mounting</li> <li>□ Separation Anxiety</li> </ul>	☐ Aggressive ☐ Food Aggressive ☐ Doesn't Like Men ☐ Doesn't Like Woman ☐ Toy Possessive	<ul> <li>□ Coprophagia (stool eater)</li> <li>□ Can Jump/Climb a Fence</li> <li>□ Digger</li> <li>□ Doesn't Like Other Dogs</li> <li>□ Crate Trained</li> </ul>
	.):ts we should be aware of:	
What Veterinarian does your stud	ent see? Dr	
Veterinarian Clinic Name:		City/State:
Has your dog been to daycare, th	e dog park, or been boarded before?	□ Yes □ No
If yes, where?		
Please include any additional info	rmation you find necessary for us to k	know about your student:

\*\*You may include a copy of vaccination records with this application. Required vaccinations are Rabies, Distemper (DHLP, DHPP, etc.), and Bordetella (must be within the past 6 months). Please email the documents to <a href="mailto:enrollment@caninecollegemi.com">enrollment@caninecollegemi.com</a> or fax to (248) 888-9664. We will contact you upon receipt to schedule the temperament test or appointment. Thank you!