



Application for Dog Training 101

Please fill out the following application. A copy of a current rabies vaccination is also needed. After completion, please send the application and vaccination record to Kristin Howell via e-mail at khowell@uaptc.edu or by fax at 501-907-6673.

Applications will be reviewed and all applicants will be notified after the review process. If you have questions about this class or the application process please contact Kristin Howell by e-mail at khowell@uaptc.edu or by phone at 501-907-6670 ext. 3407.

Dog Owners Name: _____

Phone Number: _____

E-mail Address: _____

Dog's Name: _____ Breed: _____ Age of Dog: _____

Goals for training: _____

Has your dog ever exhibited signs of aggression towards a human? YES ___ NO___

If answered yes, please explain: _____

Has your dog ever exhibited signs of aggression towards another dog? YES ___ NO___

If answered yes, please explain: _____