

BASIC OBEDIENCE I Registration Form

Class Start Date: _____

Owner Name: _____

Dog's Name: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Email Address: _____

Dog's Birthday: _____

Phone Number (h): _____

Dog's Breed: _____

Phone Number (w): _____

Dog's Age: _____

Phone Number (c): _____

Dog's Sex: _____

Spayed/Neutered ? YES NO

Veterinarian's Name & Location: _____
(if not a client of University Veterinary Clinic)

How much time per day do you spend training your dog? _____

Please name 5 of your dog's positive traits:

What problems are you having (if any) with your dog?

What attempts have to taken (if any) to resolve this problem?

What do you expect from this class ?

Anything else that you would like for me to know about your dog:

I, (print name) _____ understand that the basic obedience class will use positive reinforcement methods and will meet 1hour per week for 7 consecutive weeks. I have read the course outline and understand that my success or failure in this class is based on my own willingness to work with my dog on a daily basis. I also will be able to show proof of the following vaccinations if asked to do so: Rabies, Distemper, Hepatitis, Leptospirosis, Parainfluenza, Parvo, Corona and Bordatella.

I understand that attendance in a dog training class is not without risk to myself, members of my family or friends or my dog because some of the dogs to which I will be exposed may be difficult to control and may be the cause of injury even when handled with the utmost of care. I hereby waive A Dog's World from any responsibility or risks associated while attending the training sessions.

PLEASE NOTE: After registering and attending the Orientation, only 50% refund will be granted should you choose to discontinue attending classes and request a refund. Any attendance after Orientation, no refunds will be granted.

I have read and understand all the conditions and would like to enroll in the class.

Signature _____