

Canine Good Citizen Course Registration Form

Class Start Date: _____

Owner Name: _____

Street Address: _____

City/State/Zip _____

Email Address: _____

Dog's Name: _____

Phone Number (h): _____

Dog's Breed: _____

Phone Number (w): _____

Dog's Age: _____

Phone Number (c): _____

Dog's Sex: _____

Is dog 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:

Have you taken any other training classes with your dog (Basic, Advanced, Specialty?)

What commands does your dog know best?

Which test items on the CGC exam are you most worried about?

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 1 hour 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 _____