

TRI-STATE DOG OBEDIENCE CLUB

CLASS APPLICATION

Please complete and return with payment to:
TSDOC Training Director
Shohola Business Center, Unit 7, 837 Route 6, Shohola, PA 18458

MAKE CHECK PAYABLE TO: TSDOC (NO REFUNDS)

- CLASS: Puppy Kindergarten (3-5 mos. old on first night of class)
 Beginners - **Check One:** Tuesday Evening _____ or Wednesday DAY _____
 Novice/Pre-Novice:
Please specify day & time: _____
 Open (Wednesday AM) **Check One:** Advanced _____ or Beginning _____
 Utility (Wednesday AM)
 Rally: **Please specify day & time:** _____
 Other _____

Owner's Name _____ Phone _____

Address _____

STREET

CITY

STATE

ZIP

Email Address: _____

Dog's Name _____ Breed(s) _____

Age _____ Sex _____ Spayed or Neutered? Yes _____ No _____

Dates Vaccinated: DA2P _____ Parvo _____ Rabies _____ Confirmed By TSDOC: _____

Paid in full: _____ \$ _____

DATE

AMOUNT

CHECK #

ACCEPTED BY

IT IS AGREED AND UNDERSTOOD THAT:

Dogs must accept walking on a leash before entering the Beginners Class.

All dogs entering classes will have been vaccinated as stated above.

Each owner is responsible for the care and sanitation problems of his or her own dog at all times.

Bitches in season are not permitted in class. A credit will be granted for classes missed for this reason contingent upon notification to Instructor.

Dogs shall be kept on lead at all times except at the direction of the instructor.

It is further understood that the Club Directors and all people connected with the class are not responsible for any damages or accidents whatsoever.

I, the undersigned, have read the above rules and regulations set forth for this training period and will agree to abide by them.

SIGNED: _____ DATE: _____

Where did you learn about our classes?

() Newspaper Ad () Veterinary Office of _____

() Recommended by _____

() Flyers () Other _____

Please take a few moments to tell us about your dog. Your answers to the following questions will help us to better understand your dog and provide suitable training for your dog's particular needs. All information will be kept confidential. Thank you.

Your Name: _____
(Who will be handling the dog in class)

Dog's Name: _____

Breed(s) of Dog: _____ Age of Dog: _____

Have you ever participated in an obedience class? Yes () No ()
If you have, where? _____

Please describe your dog:
Friendly? () Shy? () Reserved? () Confident? ()
Fearful? () Aggressive? () Other () _____
(please explain)

If your dog is aggressive, please describe (ie: towards other dogs? towards people? children?)

Has your dog ever bitten another dog? Yes () No ()
Has your dog ever bitten a person? Yes () No ()

Where did you get your dog?
() Private Breeder: _____
() Animal Shelter: _____
() Pet Shop: _____
() Other: _____

Are you this dog's first owner? Yes () No () If not, please explain (ie: "rescue dog", second owner, etc.)

Did you get your dog as a puppy() Or an adult()? At what age? _____

Where do you keep your dog? () In the house
() Outside: Dog run _____ Tied out _____
() Other _____
(please explain)

Please check any behavior problems your dog has:
() Excessive Barking () Digging () Chewing
() Jumping on people () Running away
() Other _____
(please explain)

Please tell us briefly why you & your dog are participating in an obedience class:

Note: If you wish to confirm receipt of application, please email tsdoc5594@yahoo.com .