

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 Class (3-5 months old when class begins)
 Basic Obedience - **Check One:** *Tuesday Evening* _____
or Wednesday DAY _____
 Pre-Novice: **Specify day/time:** _____
 Novice: **Specify day/time:** _____
 Open _____ Utility _____
 Rally: **Please specify day & time:** _____
 Nose Work: **Specify day & time:** _____
 OTHER: **Specify name of class/day/time:** _____

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: Core Vaccines _____ 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 Basic 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 () _____

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

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

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