

# 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 1 - **Check One:** *Tuesday Evening* \_\_\_\_\_ **or** *Wednesday DAY* \_\_\_\_\_  
 Basic 2 Life Skills \_\_\_\_\_  
 Pre-Novice \_\_\_\_\_  Novice: **Specify day/time:** \_\_\_\_\_  
 Wednesday Night Obedience (Advanced) \_\_\_\_\_  
 Open \_\_\_\_\_  Utility \_\_\_\_\_  
 Rally: **Please 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 email [tsdoc5594@yahoo.com](mailto:tsdoc5594@yahoo.com) .