

**DEEP PENINSULA DOG TRAINING CLUB
CLASS REGISTRATION**

DATE _____

CLASS (Puppy, Beginner, Intermediate, etc) _____

HANDLER OR HANDLERS NAME(S)

1) _____

2) _____

NOTE: All handlers are required to sign and return the Release and Waiver form.

COMPLETE ADDRESS

_____ Street City Zip Code

_____ Telephone Email

_____ Dog's Call Name Breed

_____ Dog's Date of Birth Gender (m/f, neutered/spayed)

How does your dog react when he sees another dog?

- | | |
|--|--|
| <input type="checkbox"/> Lunges to get to the other dog | <input type="checkbox"/> Hides behind you |
| <input type="checkbox"/> Jumps playfully to get to the other dog | <input type="checkbox"/> Growls or barks with hair standing up |
| <input type="checkbox"/> Ignores other dog | <input type="checkbox"/> Friendly calm approach |

Shy or easily frightened: Y___N___
Barks excessively Y___N___
Barks, growls, or lunges when a stranger approaches: Y___N___
Has ever growled, snapped or bitten any person? Y___N___

Proof, in the form of a copy of the current Vaccination Certificate, is required prior to first class.
This dog has had the following shots:

_____ DAPP Rabies
Date Date

WILL YOUR CHILD BE HANDLING THE DOG IN CLASS? _____ YES _____ NO

NOTE: Minors must be at least sixteen (16) years old to handle a dog in class,
and must have control of the dog at all times.

CHILD'S NAME: _____ CHILD'S AGE: _____

NOTE: Family members are encouraged to attend and participate.
Young children who are observing class must be supervised by an adult, and are not to be disruptive.

Signature

* * * * *
Please tell us how you heard about Deep Peninsula Dog Training Club

Dog Show: _____ Veterinarian: _____ Friend: _____ Breeder: _____

Internet: _____ Animal Shelter (name?): _____ Other: _____

OFFICE USE ONLY
NAME _____
CLASS _____