

WESTERN WAUKESHA COUNTY DOG TRAINING CLUB
W1314 CEDAR DRIVE, IXONIA, WI 53036
920-206-9334 or 1-877-706-9334

Date App. Rcv'd/Paid _____
Rcv'd By (initials) _____
DHLPP (date) _____
Bordetella (date) _____
Rabies (date) _____

CLASS REGISTRATION FORM

Name of person(s) who will attend class: _____
One trainer only for Beginning Manners and higher classes

Address: _____

City/State/Zip Code: _____

Home phone number and best time to call: area code () - _____

Work phone number and best time to call: area code () - _____

E-mail address: _____

Check one of the following:

_____ **Kinderpuppy I (8 to 18 weeks old) (consider the punch card for \$130.00) (60 Minute Class)**

Beginning Day/Date/Time _____

_____ **Kinderpuppy II / AKC STAR Puppy (graduates from KinderPuppy I) (18 to 24 weeks old)**

This is a continuation of Kinderpuppy I (60 Minute Class)

Beginning Day/Date/Time _____

_____ **Beginning Manners (over 5 months old with minimal training)**

Beginning Day/Date/Time _____

_____ **Junior Manners (continuation from Kinderpuppy II Class or Beginning Manners Class)**

Beginning Day/Date/Time _____

_____ **Intermediate Manners (continuation from Junior Manners)**

Beginning Day/Date/Time _____

_____ **Advanced Manners/ AKC CGC (continuation from Intermediate Manners)**

Beginning Day/Date/Time _____

Beginning Day/Date/Time _____

All classes meet once a week for 6 weeks
Each class is 45 minutes long unless otherwise noted.

Class size is limited and applications are handled in a first come, first serve manner.

In order to participate in our classes, all dogs must have current Distemper, Hepatitis, Leptospirosis, Parvovirus, Parainfluenza, Bordetella, and (if 5 months of age or older) Rabies vaccinations. **A copy of vaccinations MUST accompany this form.** If you or your breeder gave vaccinations, please list on separate sheet of paper (include breeder's name, phone number, type of vaccinations, dates given, and serial numbers).

The cost is \$80.00. **Payment MUST accompany form in order to hold a spot in class.**

We also have available 2 consecutive classes (Punch card) for \$130.00

A new application must still be provided for the 2nd class; along with the punch card

Make checks payable to **WWCDTC**. Visa/MC also accepted. Please note that there are **no refunds**.

Amount enclosed _____

Check number/date _____

Visa or MC number/expiration date _____
(circle one)

Signature and Date _____

Please complete BOTH sides, sign, and date this form, and return it with payment and proof of vaccinations to WWCDTC, P.O. Box 223, Ixonia, WI 53036.

We DO NOT call to confirm, only to notify if your first choice has been filled.

PLEASE COMPLETE INFORMATION ABOUT YOUR DOG ON THE BACK SIDE FOR THE INSTRUCTOR

Your Name: _____

Dog's Name: _____

Breed(s): _____ Current Age: _____

Age of dog when he/she joined your family: _____

Female: _____ Male: _____ Spayed/Neutered: _____ Date of Birth: _____

Prior training (please be specific, what/when/where):

Please check all of the following that apply to your dog.

My dog:

I would like my dog to:

- | | |
|--|--|
| <input type="checkbox"/> Plays with toys | <input type="checkbox"/> Come when called |
| <input type="checkbox"/> Likes to ride in the car | <input type="checkbox"/> Be friendly to strangers |
| <input type="checkbox"/> Greets me at the door | <input type="checkbox"/> Stay off furniture |
| <input type="checkbox"/> Is good with other dogs | <input type="checkbox"/> Not charge the door |
| <input type="checkbox"/> Is good with children | <input type="checkbox"/> Greet guests without jumping up on them |
| <input type="checkbox"/> Eats twice daily | <input type="checkbox"/> Walk nicely on a leash |
| <input type="checkbox"/> Is quiet and shy | |
| <input type="checkbox"/> Is spirited or hyper | |
| <input type="checkbox"/> Is part of the household | |
| <input type="checkbox"/> Spends time in a kennel run outside | |
| <input type="checkbox"/> Has a fenced yard | |
| <input type="checkbox"/> Has other animals in the house | |
| <input type="checkbox"/> Is my best friend | |
| <input type="checkbox"/> Spends quality time with me | |
| <input type="checkbox"/> Takes walks | |
| <input type="checkbox"/> Plays fetch | |
| <input type="checkbox"/> Goes to a dog park | |

Please describe any problems/concerns with your dog so that we may offer appropriate help:

Please tell us how/where you heard about our club/program:

- | | |
|---|---|
| <input type="checkbox"/> Sign on building | <input type="checkbox"/> Veterinarian / which one? _____ |
| <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Newspaper ad or article / which paper? _____ |
| <input type="checkbox"/> Club Member | <input type="checkbox"/> Yellow pages / which one? _____ |
| <input type="checkbox"/> Club Website | <input type="checkbox"/> Other _____ |

I understand and agree that Western Waukesha County Dog Training Club, Inc. is in no way liable for, nor will it be responsible for, damages to persons and/or property caused by me or any dog handled by me. If participant is under the age of 18 years, I will accompany him/her at all times while they are on club property. I agree to abide by the training/club rules of WWCDTC.

Signature (signature of parent/guardian required if participant is under 18 years of age) _____ Date _____ rev 6/09