



Dog Trainers Workshop

Class Application

207 Greenpond Road – Fountain Inn – SC – 29644
(864) 862-8626 (864) 862-8688 Fax



Puppy Class Starting Date: _____ Time _____
Puppy class fee: \$65.00 - Due with application.

Beginner Class Starting Date: _____ Time: _____
Beginner class fee: \$85.00 – Due with application

Office Use: Date Received: _____ Amount: \$ _____

Note to Beginner Class Students:
1st evening is orientation at 8:00 PM without your dog.

Owner's Name _____ Additional Names For Class: _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Work Phone or Mobile Phone _____

Dog's Name _____ Sex _____ Spayed/Neutered? Y N

Date of Birth: _____ Breed: _____

Veterinarian: _____ Vaccinations: Please bring verification from your veterinarian for:

Vet's phone: _____ Canine Influenza: _____ DH-PP: _____ Kennel Cough: _____ Rabies: _____

Please list any commands that your dog already knows.

Please check off any of the problems below that you are having with your dog

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Pulling on leash | <input type="checkbox"/> Fearful of strangers or new situations | <input type="checkbox"/> Does not come when called | <input type="checkbox"/> Crate Training |
| <input type="checkbox"/> Bolting though doors or gates | <input type="checkbox"/> Jumping on people | <input type="checkbox"/> Chases cats & small animals | <input type="checkbox"/> Housebreaking |
| <input type="checkbox"/> Jumping on counters | <input type="checkbox"/> Barking | <input type="checkbox"/> Mouthing on people | |
| <input type="checkbox"/> Chewing | <input type="checkbox"/> Over-excitabile around other dogs | <input type="checkbox"/> Aggression (please explain in detail on back of this form) | |

Other, please explain: _____

Where did you acquire this dog, and how long ago? _____ Approximately, how old was your dog when you got him/her? _____

Who is the person primarily responsible for this dog's care (feeding, exercise, etc.)? _____

How many adults and children live in your household? Please list ages of children. _____

How many other dogs and/or cats are in your home? _____

Do you have a fenced yard? _____ How long? _____ What type of collar does your dog normally wear?
Do you have an underground fence system? _____ Buckle Choke Chain Prong Collar Electric Collar Harness Martingale
Other: Please explain: _____

Where and how is the dog confined when you are not at home and/or unable to supervise him?
Does your dog stay in a crate? _____ If so, for how long each day? _____

Have you every thought your dog might bite you , another person or another dog?
If so, please explain in detail. You may use the back of this form for further details. _____

Has this dog ever attended an obedience class at Dog Trainers Workshop? If so, which class and approximately when? _____

Has this dog ever attended an obedience class at another location? If so, about how long ago? _____

Waiver

I hereby waive and release Tara, Inc., its employees, owners, and agents from any and all liability of any nature, for injury or damage which I or my dog may suffer while attending any training session or other function of this training facility or while on the training grounds or the surrounding area. Upon acceptance of my application, I hereby agree to indemnify and hold harmless Tara, Inc., its employees, owners, and agents from any and all claims of injury or damage by any member of my family or any other person accompanying me to any training session or function of this training facility or while on the training grounds or the surrounding area.

Signature: _____ Today's Date: _____