



ORLANDO DOG TRAINING CLUB

PUPPY & BEGINNER CLASS APPLICATION

Office Use Only PB NOV Date / / Time Deposit Check # _____ Check \$ _____ Balance Due \$ _____ Vaccine & Rabies Verified

Owner's Name _____ Home Phone _____

Address _____ Work Phone _____

City/State/Zip _____ Email Address _____

Dog's Call Name _____ Age _____ Sex _____ Breed _____

Vet's Name _____ Is your dog spayed/neutered? _____

Date of Last Immunizations for DHLPP? _____ Last Date for Rabies? _____

(You will be required to bring a copy of vaccination and rabies record the first night of class)

Is your dog on any medication? If so, specify what it is for _____

Does your dog have any physical problems? If so, specify what they are _____

Is your dog registered with a breed club? _____ AKC? _____ UKC? _____ Other? _____

How did you obtain your dog? _____ How old was it? _____ Is this your first dog? _____

Any training you have experienced with this dog or others and your comments on it: _____

How did you hear about our Training? (Circle One) Veterinarian Referral – Newspaper Article – Flier Posted @ Pet Store/Vet/Grocery Store – Newspaper Ad – Animal Control – Word of Mouth – Humane Society – Attended Previously – Another Club, Trainer or Student – Dog Rescue Group – Other?: _____

You want to achieve: a well-behaved house pet _____; obedience classes/titles _____; agility classes /titles _____

Your household consists of (list people, pets and their ages) _____

What motivates your dog? (Circle all that apply) food; toy; praise; petting; other _____

Your dog spends most of its time: in the house _____; in the yard _____; with you _____; in a cage, crate or kennel _____
other: _____

How do you feed your dog? Free Choice (food down all the time) or circle one: 1 2 3 (times daily)

How does your dog get along with (describe): other dogs _____; people _____;
children _____; cats _____; other? _____

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(Side 2)

Any problems you are having with your dog (not house broken, biting, digging, chewing, etc.): _____

Does your dog let you (Circle Answer. Explain what dog does if answer is NO):

Brush it? Yes No _____; Bathe it? Yes No _____;

Brush its teeth? Yes No _____; Cut its claws? Yes No _____;

Take a toy or food away? Yes No _____

You consider your dog: (X as many as appropriate):

_____ pushy	_____ protective	_____ aggressive	_____ friendly
_____ silly	_____ well rounded	_____ fearful	_____ scary
_____ attentive	_____ smart	_____ dominant	_____ submissive
_____ serious	_____ lazy	_____ fresh	_____ playful
_____ obnoxious	_____ terrified	_____ on guard	_____ hyper
_____ mischievous	_____ stupid	_____ loving	_____ pigheaded
_____ curious	_____ mean	_____ spoiled	_____ grumpy
_____ bold	_____ gentle	_____ relaxed	_____ sweet
_____ destructive	_____ skittish	_____ rough	_____ uncertain
_____ trusting			

AS A CONDITION TO ODTIC'S ACCEPTANCE OF THIS APPLICATION, YOU MUST SIGN THE FOLLOWING "ASSUMPTION OF RISK" AGREEMENT:

I understand that my participation in a dog obedience training class is not without risk to myself, my guests who may attend, and/or my dog, because some of the dogs to which we will be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care. Therefore, I hereby waive and release **ORLANDO DOG TRAINING CLUB (ODTC)**, its employees, officers, members, and agents from any liability of any nature, for injury or damage I and/or my dog may suffer, including specifically any injury or damage resulting from the actions of any dog; and I expressly assume the risk of such damages or injury while attending any training session, or any other function of ODTIC, or while on the training grounds or surrounding areas. In consideration of, and as inducement to, the acceptance of this application for obedience training by ODTIC, I hereby agree to indemnify and hold harmless ODTIC, its employees, officers, members, and agents from any and all claims by me, my family or any other person accompanying me to any training session or function of ODTIC, or while on the grounds or surrounding areas, as a result of any action by any dog, including my own.

Date _____

Signature _____

Owner, Agent, or Legal Guardian

For office use:

Check # _____ Class _____ Deposit \$ _____ Date _____

Check # _____ Balance Due \$ _____ Date _____