



Dog Obedience Class Registration Form

Name of Person Handling Dog _____
Address _____
City _____ State _____ Zip code _____
Phone Number _____ Email address _____

Name of Dog Taking Class (Call Name) _____
Age _____ Gender _____ Spayed/Neutered _____
Breed _____ Color/Markings _____
Vet Clinic _____ Vet's Phone Number _____

We welcome the family to attend the class; however, for the animal's safety and your children's safety we request that children coming to class be supervised by another adult and remain outside the immediate training area. Trainers should be at least 16 years old and accompanied by an adult if under 18.

Is your pet aggressive around other dogs or people? YES NO
At the sole discretion of the instructors, your dog may be excused from the class because of aggression toward people or dogs. If excused, a prorated refund will be made.

All trainers and dogs should be ready to begin training at the start of the class at 6 pm and bring all proper equipment to each class. Please allow time for your pet to relieve itself outside before the start of the class.

I have included a check made out to the Humane Society of Calloway County for \$50 for members or \$70 for non-members which includes membership for 1 year

I have included a copy of my pet's vaccination records and understand that my pet must be up to date on rabies and distemper vaccines in order to participate

I am interested in finding out how my dog can become a pet therapy dog so they will be welcome in nursing homes, hospitals and schools and would like information about the Therapy Dogs International Test.

I understand that this class is for training purposes and that I will need to work with my dog outside of class in order to benefit from this class. I will also need to continue working with my pet after the class is done to keep everything fresh in my pet's mind. I will not hold the Humane Society or volunteer instructors accountable for any injuries or damages sustained during the course of this class to either me or my animal.

Signature _____ Date _____