

Commonwealth Dog Obedience Training Club

Obedience Class Registration

Class applied for: _____

Name: _____

Address _____

Telephone: Home _____ Cell: _____

Email _____

Dog's name: _____ Breed _____

Age _____ Sex _____ Spayed/ Neutered _____

Have you and your dog had any previous training? Please describe

Where does your dog spend the majority of his time? _____

Is your dog very protective and has he / she ever bitten? _____

Do you have any particular problems that need to be addressed?

How did you hear of our classes? _____

Are you interested in Obedience Competition _____ Joining CDOTC _____

The undersigned understands that by enrolling in this Commonwealth Dog Obedience Training Club class, he / she is assuming liability for any property damage which might result from his/ her participation in this class and that neither Commonwealth Dog Obedience Training Club, an instructor, or the host party will be responsible for any loss or injury which might occur as a result of the undersigned's participation in this class.

Signed: _____

Date _____