



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

Date Form Rec'd: _____
 Payment Rec'd: _____
 DHLPP (date): _____
 Bordetella (date): _____
 Rabies (date): _____

*****NON-MEMBER ONLY FORM*****

TUESDAY, WEDNESDAY AND THURSDAY OBEDIENCE AND RALLY CLASS REGISTRATION

Name of person who will attend class (one trainer only): _____

Address: _____ City/State/Zip Code: _____

Phone Number (circle one): Cell Home Work _____

E-mail address: _____

Emergency Contact Name and Phone Number (circle one): Cell Home Work _____

Check one of the following: (Note: Handlers and dogs must be evaluated prior to upper-level class placement.)

	<u>CLASS SCHEDULE</u>
_____ Beginner Novice Class Day and Time _____	<u>TUESDAY</u> 6:30-7:15 p.m. – Beginner Novice 6:30-7:15 p.m. – Open 7:15-8:00 p.m. – Novice <u>WEDNESDAY</u> 9:00-9:45 a.m. – Rally (Adv/Exc/Mstr) 9:00-9:45 a.m. – Novice 10:00-10:45 a.m. – Rally (Nov/Intermed) 10:00-10:45 a.m. – Beginner Open 11:00-11:45 a.m. – Open 11:00-11:45 a.m. – Beginner Novice 12:00-1:00 p.m. – Utility (Workshop) <u>THURSDAY</u> 6:30-7:30 p.m. – Rally (Excellent/Master) 7:30-8:30 p.m. – Rally (Nov/Intrmed/Adv)
_____ Novice Class Day and Time _____	
_____ Beginner Open Class Day and Time _____	
_____ Open Class Day and Time _____	
_____ Utility Class (Workshop) Day and Time _____	
_____ Rally Class Day and Time _____	

<u>Session:</u>	<u>Winter</u>	<u>Spring</u>	<u>Summer</u>	<u>Fall</u>
Sign Up Opens:	11/07/22	02/20/23	05/08/23	08/07/23
Sign Up Closes:	12/19/22	03/13/23	05/29/23	08/28/23
Classes Start Week Of:	01/02/23	03/20/23	06/05/23	09/05/23
Classes End Week Of:	03/06/23	05/22/23	08/14/23	11/06/23

All classes meet once a week for 10 weeks. Each class is 45 minutes – 1 hour long. Obedience class size is limited to 10. Rally class size is limited to 7. Applications are handled on a first come, first serve basis, but members and applying members have class placement priority over non-members.

To participate in classes, all dogs must have current Distemper, Hepatitis, Leptospirosis, Parvovirus, Parainfluenza, Bordetella, and (if near 4 mo. of age or older) Rabies vaccinations. A copy of vaccinations and/or titers MUST accompany this form. If you or your breeder gave vaccinations, please list on a separate sheet of paper (include breeder's name, phone number, type of vaccinations, dates given, and serial numbers).

Cost is \$125 per class. Payment MUST accompany form to hold a class spot. Make checks payable to **WWCDTC**. Visa/MC also accepted. Please note there are **no refunds**.

Amount Enclosed _____ Check Number/Date _____

Visa or MC (circle one) Number/Expiration Date _____

Signature and Date _____

Please complete BOTH pages. The second page will be shared with the class instructor. Sign and date the form. Return form with payment and proof of vaccinations to: Kelly Rehwoldt, 520 Bentwood Dr., Marshall, WI 53559 or email to kellynascar@hotmail.com. If you have any questions please email or call 608-347-3088.

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:

- _____ Plays with toys
- _____ Likes to ride in the car
- _____ Greets me at the door
- _____ Is good with other dogs
- _____ Is good with children
- _____ Eats twice daily
- _____ Is quiet and shy
- _____ Is spirited or hyper
- _____ Is part of the household
- _____ Spends time in a kennel run outside
- _____ Has a fenced yard
- _____ Has other animals in the house
- _____ Is my best friend
- _____ Spends quality time with me
- _____ Takes walks
- _____ Plays fetch
- _____ Goes to a dog park

I would like my dog to:

- _____ Come when called
- _____ Be friendly to strangers
- _____ Stay off furniture
- _____ Not charge the door
- _____ Greet guests without jumping up on them
- _____ Walk nicely on a leash
- _____ Compete in AKC / UKC trials

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:

- _____ Sign on building _____ Veterinarian / which one? _____
- _____ Friend/Relative _____ Newspaper ad or article / which paper? _____
- _____ Club Member _____ Yellow pages / which one? _____
- _____ Club Website _____ 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. 10/20/2022)