



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 Rcv'd/Paid _____
 Rcv'd By (initials) _____
 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: _____

Home phone number (with area code) and best time to call: _____

Work or cell (circle one) phone number (with area code) and best time to call: _____

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.)

- _____ **Beginner Novice Class**
Day and Time _____
- _____ **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 _____

CLASS SCHEDULE	
TUESDAYS	
6:30-7:15pm	– Open
7:15-8:00pm	– Novice
WEDNESDAYS	
9:00-9:45am	– Rally (Adv/Exc/Mstr)
9:00-9:45am	– Novice
10:00-10:45am	– Rally (Nov/Intermed)
10:00-10:45am	– Beginner Open
11:00-11:45am	– Open
11:00-11:45am	– Beginner Novice
12:00-2:00pm	– Utility (Workshop)
THURSDAYS	
6:30-7:30pm	– Rally (Excellent/Master)
6:30-7:15pm	– Beginner Novice
7:30-8:30pm	– Rally (Nov/Intrmed/Adv)

Session:	Winter	Spring	Summer	Fall
Sign Up Opens:	11/09/21	02/22/22	05/03/22	08/09/22
Sign Up Closes	12/14/21	03/15/22	05/24/22	08/30/22
Classes Start Week Of:	01/03/22	03/21/22	05/30/22	09/05/22

All classes meet once a week for 9-10 weeks. Each class is 45 minutes long. Class size is limited to 10 with the exception of Thursday night Rally which is 8. Applications are handled on a first come, first serve basis.

To participate in our classes, all dogs must have current Distemper, Hepatitis, Leptospirosis, Parvovirus, Parainfluenza, Bordetella, and (if near 4 months 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).

The cost is \$125.00 per class. **Payment MUST accompany form to hold a spot in class.** 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: Cathy Bender, S82 W35925 Eagle Drive, Eagle, WI 53119 or email to cathytom@verizon.net. Cell Phone: 214-536-8893

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 10/21/21)

NOTE: Please see the attached sheet which provides information for Agility, CGCA/U, Conformation, Scent Work and Trick classes.