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

Date App. Rcv'd/Paid _____
Rcv'd By (initials) _____
DHLPP (date) _____
Bordetella (date) _____
Rabies (date) _____

9-WEEK CLASS NON-MEMBER REGISTRATION FORM

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

Address: _____

City/State/Zip Code: _____

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

Work phone number and best time to call: area code (_____) - _____

E-mail address: _____

Check one of the following: ***(note: handlers and dogs must be evaluated prior to upper level class placement)***
**For the current classes times and dates, check the website (www.wwcdtc.org) or contact the club.

_____ **Pre-Novice Class**
Beginning Day/Date/Time_____

_____ **Novice Class**
Beginning Day/Date/Time_____

_____ **Grad-Novice Class**
Beginning Day/Date/Time_____

_____ **Open Class**
Beginning Day/Date/Time_____

_____ **Utility Class**
Beginning Day/Date/Time_____

_____ **Rally Class**
Beginning Day/Date/Time_____

All classes meet once a week for 9 weeks. Each class is 45 minutes long.
Class size is limited and applications are handled in a first come, first serve manner.

In order 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 separate sheet of paper (include breeder's name, phone number, type of vaccinations, dates given, and serial numbers).

The cost is $100.00 per class, or $160.00 for two consecutive classes
Payment MUST accompany form in order to hold a spot in class.
Make checks payable to **WWCDTC**. Visa/MC also accepted. Please note that there are **no refunds**.

Amount enclosed_____

Check number/date_____

Visa or MC number/expiration date_____
(circle one)
Signature and Date_____

Please complete BOTH pages, sign, and date this form, and return it with payment and proof of vaccinations to:
WWCDTC, P.O. Box 223, Ixonia, WI 53036.
PLEASE COMPLETE INFORMATION ABOUT YOUR DOG ON THE NEXT PAGE FOR THE INSTRUCTOR

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
_____Friend/Relative
_____Club Member
_____Club Website
_____Veterinarian / which one?_____
_____Newspaper ad or article / which paper?_____
_____Yellow pages / which one?_____
_____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