



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
Novice Class
Beginner Open Class
Open Class
Utility Class (Workshop)
Rally Class

CLASS SCHEDULE
TUESDAYS
6:30pm-7:15pm - Open
7:15pm-8:00pm - Novice
7:30pm-8:15pm - Utility (Workshop)
WEDNESDAYS
9:30am-10:45am - Rally (Adv/Exc)
10:00am-10:45am - Novice
11:00am-11:45am - Rally (Novice)
11:00am-11:45am - Beginner Open
11:00am-11:45am - Open
12:00pm-12:45pm - Beginner Novice
12:00pm-2:00pm - Utility (Workshop)
THURSDAYS
7:00pm-7:45pm - Novice
7:15pm-8:00pm - Beginner Novice
7:15pm-8:45pm - Rally (All Levels)

Table with 5 columns: Session, Winter, Spring, Summer, Fall. Rows include Sign Up Opens, Sign Up Closes, and Classes start week of.

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. 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.

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: WWCDTC, P.O. Box 223, Ixonia, WI 53036.

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 01/07/20)