

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) _____

10-WEEK CLASS NON-MEMBER REGISTRATION FORM

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

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.

_____ **Beginner Novice Class**
Beginning Day/Date/Time _____

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

_____ **Beginner Open 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 10 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 \$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, 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 _____ 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 11/6/18)