



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
6:30-7:15pm - Open
7:30-8:15pm - 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 - Open
11:00-11:45am - Beginner 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)

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: 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 02/11/21)

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