

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 10-12 weeks (session-dependent). 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 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 _____ 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