



PUPPY \_\_\_ BEGINNER-MON. \_\_\_ BEGINNER-WED. \_\_\_ INTERMEDIATE \_\_\_ ATTENDANCE: 1 2 3 4 5 6 7 8  
 NOVICE \_\_\_ BEG.-OPEN \_\_\_ OPEN \_\_\_ UTILITY \_\_\_ RALLY \_\_\_ OTHER \_\_\_\_\_



# DOG TRAINING CLUB OF DALLAS COUNTY

P.O. Box 380104  Duncanville, TX 75138-0104  Voice Mail (972) 780-7698

Website: [www.dallasdogtraining.org](http://www.dallasdogtraining.org)

## Registration Information

1. **TRAINER'S NAME:** \_\_\_\_\_ DTDCDC MEMBER?  YES  NO  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 TEL. HOME: \_\_\_\_\_ TEL. WORK: \_\_\_\_\_ TEL. CELL: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_

2. **DOG'S CALL NAME:** \_\_\_\_\_ TRAINER'S AGE (IF MINOR) \_\_\_\_\_  
 BREED \_\_\_\_\_ COLOR \_\_\_\_\_ SEX \_\_\_\_\_ AGE (first week of class) \_\_\_\_\_  
 Date of current rabies vaccine: \_\_\_\_\_ 1-Yr or 2-Yr ? Next Rabies Due: \_\_\_\_\_  
 Date of current Parvovirus: \_\_\_\_\_ Next Parvovirus due: \_\_\_\_\_  
 Any known physical defects: (Please explain) \_\_\_\_\_  
 How old was your dog when you obtained him? \_\_\_\_\_ Is he/she Spayed/Neutered?  Yes  No  
 From what source did you obtain your dog? (Breeder, Pet Store, Adoption Center)? \_\_\_\_\_  
 From what source did you learn of this class? (please be specific) \_\_\_\_\_

***Dogs must be kept on leash at all times unless instructed otherwise***

### WAIVER, ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS

In consideration of the acceptance of me by THE DOG TRAINING CLUB OF DALLAS COUNTY, INC. (the "Club") as a member of Its dog training classes of instruction, I/we understand that attendance in a dog training class is not without risk to myself, members of my family or guests who might attend, or my dog, because some of the dogs to which I will be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care.

I hereby waive and release the Club, its employees, officers, members and agents from any and all liability of any nature, for any injury or damage which I or my dog may suffer, including specifically, but without limitation, any injury or damage resulting from the action of any dog, and I expressly assume the risk of such damage or injury while attending any training session or other function of the Club, or while on the training grounds or surrounding area thereto.

In consideration and as inducement to the acceptance of my application for training membership by this Club, I hereby agree to indemnify and hold harmless this Club, its employees, officers, members, and agents from any and all claims, or claims by any member of my family or any other person accompanying me to any training session or function at the Club, or while on the grounds or surrounding area thereto as a result of any action by any dog, including my own.

SIGNED THIS \_\_\_ DAY OF \_\_\_\_\_, IN THE YEAR \_\_\_\_\_ SIGNATURE \_\_\_\_\_

For DTDCDC Use Only	For DTDCDC Use Only	For DTDCDC Use Only	For DTDCDC Use Only
<b>Check Number:</b> _____	<b>Amount of check: \$</b> _____	<b>Postmark date:</b> _____	
<b>Registrar signature:</b> _____	<b>Vaccination record presented:</b> _____		
<b>Drop-back from class:</b> _____	<b>Approved by:</b> _____		
<b>Elected to repeat</b> _____ <b>class.</b>			

# BEHAVIOR PROFILE

1. TRAINER'S NAME \_\_\_\_\_ MEMBER \_\_\_\_ YES \_\_\_\_ NO
2. DOG'S CALL NAME \_\_\_\_\_ AGE (first day of class) \_\_\_\_\_
3. BREED \_\_\_\_\_ SEX \_\_\_\_\_ IS YOUR DOG SPAYED/NEUTERED? \_\_\_\_\_
4. How old was your dog when you got him/her? \_\_\_\_\_ How old was he/she when it left its litter ? \_\_\_\_\_
5. Have you owned a dog before? \_\_\_\_\_ Do you still own another dog? \_\_\_\_\_
6. Have you had behavior problems with previous dogs? Please describe: \_\_\_\_\_  
\_\_\_\_\_
7. Where does your dog stay when you are gone? Inside, outside, other: \_\_\_\_\_
8. Where does he/she stay when you are at home? Inside, outside, other: \_\_\_\_\_
9. Where does he/she sleep during the day? Outside, inside, crate, other: \_\_\_\_\_
10. Where does he/she sleep at night? \_\_\_\_\_
11. What type of training has your dog had already? \_\_\_\_\_
12. Have you trained a dog before? \_\_\_\_\_ and to what level ? \_\_\_\_\_
13. Why did you decide to take this course? \_\_\_\_\_
14. What do you want most to learn? \_\_\_\_\_
15. What is your dog's favorite toy? \_\_\_\_\_
16. How does your dog react to people? Example, shy, aggressive, other? \_\_\_\_\_
17. How does your dog react to other dogs? Submissive, playful, aggressive ? \_\_\_\_\_
18. If you plunged your hand into your dog's food bowl while he/she was eating, what would be his/her reaction?
19. Is your dog afraid of anything? \_\_\_\_\_ Are you happy with your dog's behavior? \_\_\_\_\_
20. What kinds of behavior would you like to change in your dog? \_\_\_\_\_
21. Are there any problems that **you** might have in training your dog (health, hearing...)? \_\_\_\_\_