

Vallejo Dog Training Club Class Registration

Your Name: _____

Phone #: _____

Email: _____

Names of people attending class:

How did you hear about us?

Class Name:

Start Date:

Cost:

Your Dog's Name: _____

Breed: _____

Age: _____

Gender: _____

Spayed/ Neutered: Yes No

We got this dog from:

DHLPP exp

Rabies exp

Please answer the following to the best of your ability- attach additional pages as needed.

1. How does your dog react to other dogs nearby?

- wants to play barks avoids them
 is calm pulls on leash can't settle or focus

2. Does your dog play with other dogs who are not family members? yes no

3. Has your dog been in a fight or had a bad experience with another dog? yes no

4. How does your dog react to strangers in close proximity?

- wants to interact barks avoids them may snap or bite
 is calm okay being handled can't settle or focus

5. Does your dog take walks in your neighborhood or other public places? yes no

6. Please list any concerns you may have about your dog working in a class setting

7. Has your dog ever bitten a person or dog? yes no

I (we) agree to hold the Vallejo Dog Training Club, including any of their associates, members, contractors, and the owner / landlord, harmless from any liability and expense for injury or damage to any person, animal or property brought by me (us) to training classes or sponsored event. I also agree to be personally responsible for the action of any person or animal which is brought by me (us) to training class or other sponsored events. If providing Credit Card information, I authorize VDTC to charge my card to pay for the cost of the class session.

Signature _____ Date _____

Credit Card # _____ Exp Date _____ CVV# _____

Name of Cardholder _____ Billing ZIP _____

Send with payment and a copy of your dog's vaccination record showing Rabies & DHLPP

email: info@vallejodogtraining.org

mail : VDTC Classes Registration 4740 East 2nd St #32 Benicia CA 94510