

# 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](mailto:info@vallejodogtraining.org)

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