

FOR OFFICE USE

PAID



Class Registration Form – New Students

Be sure to fill out the back side of this page. Your signature is required.

Please PRINT legibly. **Complete one form for each dog you are enrolling.** (Photocopies are acceptable.)

OWNER'S First Name _____ Last Name _____

Names of other ADULTS participant in class _____

Names of CHILDREN participating in class _____

Are there other family members who live with this dog? (Describe briefly) _____

Street Address _____

City _____, WA Zip Code _____ - _____

E-Mail Address (to confirm enrollment) _____

Day Phone (_____) _____ Evening Phone (_____) _____

Cell Phone (_____) _____ Alternate Phone (_____) _____

Name of EMERGENCY CONTACT _____ Phone (_____) _____

Where did you hear about us? (Please be specific!) _____

Dog's Call Name _____ Breed _____

Dog's Date of Birth _____ Sex _____ Spayed/Neutered? _____

Name of Veterinarian _____ Phone (_____) _____

Date of last vaccinations: DHLPPC _____ Rabies _____ Bordatella _____ Other _____

We acquired this dog as a puppy / older dog, at _____ weeks / months / years of age. We've had this dog _____ wks / mths / yrs.

We have / have not owned dogs before. (Describe briefly) _____

Our dog is left home alone (or with other dogs) an average of _____ hours per day, and we leave him in the _____

The following dogs and cats also live in our house (Describe breed, sex, age & other pertinent info) _____

Every effort will be made to accommodate your first choice for a class. However, since classes are filled in the order registrations are received, we may need to use your second choice. We will contact you after processing your registration. Please complete the following:

	Indicate your FIRST choice	Indicate your SECOND choice
Name of Class		
Day of Week		
Starting Date		
Starting Time		
Ring #		
Cost		

Amount Enclosed: \$ _____ Circle Payment Method: Check / Money Order / Visa * / MasterCard * / Cash (do not mail cash)

For credit card payments: Print Name on Card _____ Expiration Date _____

Card Number _____ Signature _____

By providing your credit card information you authorize Family Dog Training Center to process your payment for class(es) specified upon receipt.

CONTINUED ON OTHER SIDE

(Form Updated 6/8/2010)



Class Registration Form – New Students – Continued

Please complete the following. Use check marks or circles, as appropriate:

Our dog is left home alone (or with other dogs) an average of _____ hours per day, and we leave him in the _____

- We need help with the following behavior problems: ___Destructiveness When Left Alone ___Crate Training ___Mouthing ___Nipping ___Chewing ___Barking ___Digging ___Jumping Up ___Stealing Things ___Housebreaking ___Chasing ___Running out of doors ___Aggressive behavior toward other DOGS (Please describe) ___Aggressive behavior toward PEOPLE (Please describe) ___Other (Please describe)

What is the most important thing you want to get out of this class? _____

- What other activities would you like to participate in with this dog (either now or in the future)? ___Dog Shows ___Obedience Trials ___Agility ___Therapy ___Search & Rescue ___Service Dog ___Flyball ___Tricks & Games ___Hiking/Backpacking ___Boating ___Water Rescue ___Draft Dog ___Tracking ___Schutzhund ___Other (Describe)

Any other comments? (Use additional paper if necessary) _____

PLEASE READ & SIGN THE FOLLOWING REGISTRATION AGREEMENT:

I agree to keep my dog on leash at all times and to keep my dog at least six feet away from the other dogs in class. I will attempt to keep my dog quiet and under control at all times by following the instructor's recommendations. (Most dogs vocalize in the beginning – that's okay. We just ask that you apply the techniques we teach you so that the classroom may be conducive to learning.) I agree to be responsible for all children and family members attending class. (Children under 16 are welcome, but must be accompanied by an adult. Young children must be supervised, quiet and under control.)

I agree to vaccinate my dog as required: Puppies under 12 weeks of age must have received at least two Puppy Shots prior to attending their first class. Puppies from 12 to 18 weeks of age must also receive an additional Puppy Shot. Puppies must receive their first Rabies shot between 4 and 6 months. Dogs over 1 year of age must receive annual boosters for DHLPPC and Rabies boosters every 1 to 3 years depending upon the age of the animal and the vaccine used. Also recommended, but not required for class participation: Bordatella (kennel cough) every 6 months.

Please make checks payable to Family Dog Training Center. We will confirm your enrollment by telephone, mail or email. If you don't hear from us within 7 days, please contact us as your registration may have been delayed in the mail. If there isn't time for you to mail your paperwork, please let us know so we can reserve a space for you. Call us at (253) 854-WOOF. You can fax your form to (253) 850-DOGS. Our website address is www.familydogonline.com. Our email address is Info@FamilyDogOnline.com

I understand that refunds will be subject to a \$30.00 administrative processing fee and will ONLY be given when a written request for refund is received (by email or fax) no later than 24 hours of the first class meeting. No refunds will be given when requests are received more than 24 hours after the first class meeting. Approved refunds will be issued within 10 business days from the date of their request. Returned or NSF checks are subject to a \$30 bank processing fee. Declined credit cards that result in late payment due to delayed processing are subject to a \$30 late payment fee. In the event of a medical or veterinary emergency that forces my withdrawal from the class in the middle of the session, I may transfer to another class session, with the approval of the Training Director. Doctor's note is required. This offer is limited to one transfer per registration and must be exercised within 90 days of the original class start date. Once a registration is authorized for a transfer it is not be eligible for a refund. Classes cancelled by FDTC will be refunded in full when a suitable alternate cannot be found.

I agree to abide by the decision of the class instructor with regard to dogs that may need private instruction to control aggressive and/or extremely dominant behavior. Dogs that are disruptive or pose a threat to other dogs and/or humans in class will be referred to a private trainer and a pro-rated portion of the unused class fees will be refunded.

I agree to indemnify and hold harmless Kathy Lang Dog Training Services, Inc., The Family Dog Training Center, and its owners, board of directors, officers, agents, employees, instructors, and staff members, from any and all claims, demands, actions, causes of action or liability of any kind whatsoever, for death, personal injury or property damage in any way proximately caused by myself, my family members, my friends and/or any animal belonging to, or brought onto the premises by myself or any member of my family or my assigns. I further agree, on behalf of myself, my family and my assigns, to assume complete and sole responsibility for any and all actions of any animal belonging to, or brought onto the premises by myself, any member of my family or my agents or assigns.

Owner's Signature _____ Date _____

Mail/fax this form (with both sides filled out) to: Family Dog Training Center, 1515 Central Avenue South, Kent WA 98032-7419 Or fax to us at (253) 850-DOGS. (Form Updated 6/8/2010)

Complete this form ONLY IF YOU ARE ENROLLING IN AGILITY class.

Because Agility is an athletic sport – where most of the training needs to be done off-leash – all participants must acknowledge and agree to the following. Please indicate your understanding and acceptance of the following by your signature at the bottom of this page.

I understand and agree:

1. Agility is a physically demanding activity. My dog is at least six months old, physically fit and without pre-existing orthopedic, structural and/or soft tissue impairments that might be exacerbated through agility training. If I am in doubt about this, I will have my dog checked by my veterinarian.
2. My dog's health and welfare are of primary concern. If my Agility Instructor sees something in my dog's structure, movement, unwillingness to navigate obstacles, etc., that causes concern, I agree to suspend training and have my dog checked by my veterinarian. Approval to return to class will be dependent upon written veterinary approval.
3. My dog's weight will be kept within a safe range. If my dog is overweight and I cannot feel my dog's ribs, I will reduce his food intake so that he will lose weight.
4. I will exercise my dog regularly outside of the class environment to keep him physically fit.
5. I will warm up my dog by walking or trotting him around the facility prior to running, jumping and/or other strenuous activities.
6. I will cool my dog down by walking or trotting him around the facility after running, jumping and/or other strenuous activities.
7. I will monitor and restrict my dog's water and food intake before, during and after hard physical activity to help prevent bloat and/or gastric torsion.
8. I will keep my dog's toenails trimmed. If my dog has so much hair on his feet that he cannot get proper traction on the equipment, I will trim the hair between his toes.
9. My dog is not aggressive toward other dogs.
10. My dog is not aggressive toward other people.
11. My dog has been through basic obedience training and is under control around other people and dogs.
12. My dog will walk on a buckle collar and loose leash, without a special training collar.
13. My dog will do both a sit stay and a down stay when I am 20 feet away from him – even with other people and dogs around as distractions – and I do not have to nag him or repeat commands.
14. My dog will come when called – ON THE FIRST COMMAND – off leash, in the agility class environment.
15. I will follow my instructor's guidelines and rules regarding off-leash handling in the class environment.
16. I will observe safety zones around obstacles, and keep entrance and exit areas clear at all times.
17. I will keep my dog on leash, and watch my dog when other dogs are working the equipment, to make sure that my dog doesn't try to chase or play with the other dogs.
18. Neither Family Dog Training Center, nor its instructors, agents or owners can be held responsible if my dog suffers an injury due to participation in agility class.

I also understand and agree:

1. Agility training is physically demanding for the handler. I am in good physical condition, with no pre-existing conditions that might impair my ability to participate in this class. If I am in doubt, I will check with my physician.
2. I will wear supportive shoes, with good traction, and clothing that allows me to move, run, reach and bend.
3. Neither Family Dog Training Center, nor its instructors, agents or owners can be held responsible if I suffer an injury due to participation in agility class.
4. I have read, completed, signed and submitted to FDTC the additional FDTC Class Registration Form.

Owner's Signature _____

Date _____

Mail/fax this form & Class Registration Form to Family Dog Training Center, 1515 Central Avenue South, Kent WA 98032-7419

(Form Updated 6/8/2010)