

Training Class Application

DOG'S CALL NAME:_____ BREED:_____

Date of Birth:_____/_____/_____ Male: ☐ Female: ☐ Neutered/Spayed: ☐

Class you would like to attend:_____

Tell us about your dog.

Has this dog been through a puppy kindergarten class? Yes ☐ No ☐

If yes, where_____

Has the dog had any formal obedience training? Yes ☐ No ☐

If yes where have you trained and at what level?_____

Please circle all the traits and characteristics that best apply best apply to your dog.

My dog is generally:	Friendly	Hyperactive	Outgoing	Aloof
	Adaptable	Reliable	Aggressive	Calm
	Calm	Shy	Timid	

My dog:

Gets along with other dogs	Yes	No	Sometimes	Not Sure
Gets along with other people	Yes	No	Sometimes	Not Sure
Gets along with children	Yes	No	Sometimes	Not Sure
Barks excessively	Yes	No	Sometimes	Not Sure
Has growled at me/family member	Yes	No		
Has bitten me or family member	Yes	No		
Has bitten others	Yes	No	Not Sure	

Tell us about you.

Your Name:_____

Address:_____

Phone: (____) ____/____ Email:_____

How did you learn of the Kennel Club of Fort Atkinson?_____

Will you be handling the dog in class? Yes ☐ No ☐

If no, is the handler a minor? Yes ☐ No ☐

Name of Handler:_____

Office Use Only

Payment: Cash: <input type="checkbox"/> Check: <input type="checkbox"/> #_____	DHLPP/CC Date Given: ____/____/____ Due: ____/____/____
Amount Paid: \$_____	Rabies: Date Given: ____/____/____ Due ____/____/____ 1 year <input type="checkbox"/> 2 year <input type="checkbox"/> 3year <input type="checkbox"/>