



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 to your dog:

My dog is generally: Friendly Hyperactive Outgoing Aloof
Adaptable Reliable Aggressive Shy
Calm 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		Not sure
Has bitten me or family member	Yes	No		Not sure
Has bitten others	Yes	No		Not sure

Tell us about you: (please print legibly)

Name: _____

Address: _____

City, State, Zip: _____

Telephone (include area code): _____

Email address: _____

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

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

Name of Handler: _____

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

OFFICE USE ONLY

Payment: Cash: (____) Check: (____)

DHLPP/CC Date Given: ____/____/____

Due: ____/____/____

Check # _____

Rabies Date Given: ____/____/____

Amount Paid: \$ _____

Due: ____/____/____