

VICTORIA DOG OBEDIENCE CLUB, INC

www.victoriadogobedienceclub.org

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APPLICATION FOR TRAINING

Handler Information

Name _____ Age (if under 18) _____

Address: _____ City: _____

E-mail address: _____ Telephone: _____

Contact phone number for rainouts one hour before class: _____

Check class preferred: Mondays: Basic I - 7:30 - 8:30 pm _____

Tuesdays: Puppy Class - 7:30 - 8:15 pm _____

Basic I - 7:30 - 8:30 pm _____

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DOG INFORMATION

Name _____ Age: _____ Sex: ()M ()F

Call name: _____ Breed: _____

Last Vaccination Dates – Rabies: _____ DHL: _____

How long have you owned this dog? _____

Have you owned a dog before? _____ What breed? _____

Have you trained a dog before? _____ When? _____ Where? _____

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**AS A CONDITION TO ACCEPTANCE OF THIS APPLICATION THE
AGREEMENT ATTACHED TO THIS APPLICATION MUST BE SIGNED.**

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DO NOT WRITE IN THIS SPACE!

Class _____

() proof of vaccination

Instructor _____

() collar

Application taken by: _____

() lead

Paid \$ _____

Date: _____

() Cash

() Check # _____

Remarks: