THE DOG TRAINING CLUB OF BERMUDA
Application for LIFE SKILLS six week course
"TEACHING YOU TO TRAIN YOUR DOG"

Name: $\qquad$ License Number: $\qquad$
Mailing Address: $\qquad$
Telephone: Home $\qquad$ Work $\qquad$ E-Mail $\qquad$
Breed of Dog: $\qquad$ Name of Dog: $\qquad$
Age of Dog (birth date if known): $\qquad$ Sex: M F Spayed/Neutered: Y N

In the event class is cancelled, can you check email an hour prior to class? $\quad \mathrm{Y} \quad \mathrm{N}$

Health Waiver: I understand and assume the risks associated with attending group dog training classes, including the environmental and dog to dog exposure risk for parasites and communicable diseases including but not limited to Parvovirus, Distemper, Canine Influenza, Kennel Cough and Leptospirosis.

I am confident that my dog is healthy, fit and up to date with all its vaccinations. I will not hold the Dog Training Club of Bermuda liable should my dog become infected.

I agree to either miss class or attend without my dog should my dog show signs of being unwell. If I am unsure if my dog should attend I will reach out to my instructor for advice on the matter.

In consideration of your acceptance of this application, I hereby waive all claims for any loss or damage whatsoever which I or my dog may suffer arising out or in connection with the classes pertaining to "TEACHING YOU TO TRAIN YOUR DOG", and I hereby agree to indemnify The Dog Training Club of Bermuda, its officers and agents against any costs, actions, proceedings, claims or liabilities arising from the conduct or action of my dog or myself.

DATE: SIGNED:
Must be signed by parent or guardian if handler is under 21 years old
In order to keep our student teacher ratio effective class size will be limited. Spots will be filled on a first come first served basis. Once your application has been received you will be notified whether you have a spot in the class you have applied for. Payments must be received prior to the first class.
We prefer electronic submission but will accept cheques.
The Dog Training Club of Bermuda, HSBC BD\$ 010-172856-001
Please include your name and LS in the notes/reference section so we know who/what the payment is for.
Completed applications should be emailed to info@,dogtrainingclubbda.org
Fees are $\$ 120$ for DTC members \&dogs adopted from SPCA and $\$ 140$ for non-DTC members

FOR CLUB USE ONLY:
Dog adopted from SPCA \$120 DTC MEMBER \$120

## NON-DTC MEMBER \$140

CLUB MEMBER: Y N
MEMBERSHIP FEES INCLUDED: $\qquad$
CLASS FEES PAID: \$ $\qquad$ Cash: $\qquad$ Cheque Number: $\qquad$ Transfer Date: $\qquad$

## THE DOG TRAINING CLUB OF BERMUDA

Welcome to our dog training classes in which we will be teaching you to train your dog.
Please complete the below information to help us place your dog and help serve you better.

1. Is this your first dog? $\qquad$
2. Has your dog had other homes before coming to you? $\qquad$
3. How long have you had your dog? $\qquad$
4. What do you like about your dog? $\qquad$
5. What do you find challenging about your dog? $\qquad$
6. If you have trained a dog previously, where and with whom? $\qquad$
7. Where do you keep your dog during the day?

In the house $\qquad$ crate $\qquad$ confined yard (physical fence and/or invisible fencing?) $\qquad$ outdoor kennel $\qquad$ running chain $\qquad$ day care $\qquad$ days/hours per week $\qquad$
If a different place at night, please state where $\qquad$
8. How long is your dog generally left alone during the day? $\qquad$
9. Does your dog have access to his food all day? $\qquad$
10. How often do you exercise your dog and what type of exercise do you use? (walks, fetch, play with other dogs, etc.)
11. Do you have children in your family? $\qquad$ Please give age(s)
12. Do you have other dogs? $\qquad$ Please give age(s) $\qquad$
13. Does your dog have any known physical problems? $\qquad$
Does he not liked to be touched on any part of his body, if so where? $\qquad$
14. Would you consider your dog overly shy? $\qquad$ or aggressive? $\qquad$
15. Do you have difficulty walking your dog? Does he pull? Lunge at dogs/people? $\qquad$
16. Do you have any physical difficulties, which will make handling your dog difficult? Hearing $\qquad$
Walking $\qquad$ Bending $\qquad$ Other $\qquad$
17. My dog is friendly to people: Yes No My dog is friendly to other dogs: Yes N

