THE DOG TRAINING CLUB OF BERMUDA

Application for LIFE SKILLS five-week course

"TEACHING YOU TO TRAIN YOUR DOG"

Name: License Number:			
Mailing Address:			
Telephone: Home	Work	E-Mail	
Breed of Dog:		Name of Dog:	
Age of Dog (birth date if known):		Sex: M F	Spayed/Neutered: Y N
In the event class is cancelled, can you	ı check email an	hour prior to class?	Y N
including the environmental and debut not limited to Parvovirus, Dister I am confident that my dog is health Club of Bermuda liable should my I agree to either miss class or attendif my dog should attend I will reach In consideration of your acceptant whatsoever which I or my dog in "TEACHING YOU TO TRAIN YOU"	og to dog exposemper, Canine I by, fit and up to dog become into dog become into do without my don out to my instance of this applemay suffer arise OUR DOG", and	sure risk for paras influenza, Kennel of date with all its var fected. Og should my dog ructor for advice of fication, I hereby sing out or in cond and I hereby agree	ccinations. I will not hold the Dog Training show signs of being unwell. If I am unsure
conduct or action of my dog or mys	_		
DATE:	SIGNED:	Must be signed by p	parent or guardian if handler is under 21 years old
<u>*</u>	cation has been nts must be rec	n received you will ceived prior to th	limited. Spots will be filled on a first come l be notified whether you have a spot in the e first class.
The Dog Training Club of Bermud	a, HSBC BD\$	010-172856-001	
Please include your name and LS is Completed applications should be			ve know who/what the payment is for. bda.org
Fees are \$100 for DTC members	&dogs adopte	d from SPCA and	d \$120 for non-DTC members
EOD CLUB LISE ONLY			

NON-DTC MEMBER \$120

Dog adopted from SPCA \$100 DTC MEMBER \$120

CLUB MEMBER: Y N	MEMBERSI	HIP FEES INCLUDED:	_
CLASS FEES PAID: \$	Cash:	Cheque Number:	_Transfer Date:

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? 2. Has your dog had other homes before coming to you? How long have you had your dog? What do you like about your dog? What do you find challenging about your dog? 6. If you have trained a dog previously, where and with whom? 7. Where do you keep your dog during the day? In the house crate confined yard (physical fence and/or invisible fencing?) outdoor kennel running chain day care days/hours per week If a different place at night, please state where 8. How long is your dog generally left alone during the day? ______ 9. Does your dog have access to his food all day? 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? Please give age(s) 12. Do you have other dogs?

Please give age(s) 13. Does your dog have any known physical problems? Does he not liked to be touched on any part of his body, if so where? 14. Would you consider your dog overly shy? or aggressive? 15. Do you have difficulty walking your dog? Does he pull? Lunge at dogs/people?

17. My dog is friendly to people: Yes No My dog is friendly to other dogs: Yes N

16. Do you have any physical difficulties, which will make handling your dog difficult? Hearing

Walking Bending Other