



OAKLAND DOG TRAINING CLUB, INC.
Dog Obedience Training Courses

CENTRAL AVENUE CENTER
5327 Jacuzzi, Unit 3-1 Richmond

Indicate Preference:

SEVEN WEEK COURSES

___ Puppy - dogs 10 weeks to 4 ½ months old: FEE \$135

___ Beginning - dogs 6 months or older: FEE \$135

___ Intermediate - dogs completing Beginning or equivalent: FEE \$115

**** THERE WILL BE NO REFUNDS AFTER THE FIRST CLASS IN THE SESSION ****

ENROLLMENT INFORMATION:

Owner's Name: _____

Handler's Name: _____

Dog's Name: _____ Breed: _____ Age: _____

PROOF OF VACCINATION REQUIRED: Current Rabies for dogs over 5 months
ODTC recommends DHLPP booster shots for your dog's protection.

TO ENROLL IN TRAINING: Mail the following to ODTC, Inc.

Oakland Dog Training Club, 6114 La Salle Avenue # 415, Oakland CA 94611

- Signed Application Check payable to ODTC, Inc. Copy of rabies certificate
 Student Questionnaire

Classes are established as applications are received. A post card with starting date and time of class will be sent to you.

PLEASE COMPLETE AND SIGN THE REVERSE SIDE

OAKLAND DOG TRAINING CLUB, INC.

NAME: _____

ADDRESS: _____

PHONE (DAY) _____ (EVENING) _____

EMAIL: _____

DISCLAIMER AND RELEASE OF LIABILITY

I, _____, hereby acknowledge that I have voluntarily applied to participate in dog obedience training activities with the Oakland Dog Training Club, Inc. (ODTC). I am aware that there are inherent risks and hazards involved in activities with and around dogs, and I am voluntarily participating in these activities with knowledge of these potential dangers. I am not relying on ODTC or its trainers to prevent such occurrences. In order to participate in ODTC classes, shows or other activities, I, being fully informed of such risks and hazards agree to assume all risk of such occurrences. I hereby waive any and all claims or actions I or my guardians, representatives, or assigns may have against ODTC, and agree to release ODTC from any personal injury, injury to my dog or harm to property caused directly or indirectly by any acts that might occur in ODTC classes or activities and further agree to indemnify, defend and hold ODTC and its trainers harmless from any damage loss, liability or expense, including legal costs and attorney fees, which result from damage caused by myself or the dog I own or handle. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE OAKLAND DOG TRAINING CLUB, INC. AND SIGN IT OF MY OWN FREE WILL.

Owner/Guardian: _____ Date: _____

Handler/Guardian: _____ Date: _____

JUNIOR HANDLERS MUST BE STRONG ENOUGH, IN THE OPINION OF THE INSTRUCTOR, TO CONTROL THE DOG.

THE INSTRUCTOR RESERVES THE RIGHT TO EXCUSE ANY DOG OR HANDLER WHICH, IN THE OPINION OF THE INSTRUCTOR, MAY BE DANGEROUS TO OTHERS.

Oakland Dog Training Club Student Questionnaire

Dog's Name _____ Breed _____ Age _____

Age _____ Male Female Spayed/Neutered Y N

Owner's Name _____

Other Household Members: Adults (number) _____ Children (number) _____

Other Pets in the Household: Dogs _____ Cats _____ Other/What _____

When did you get this dog? _____ Where did you get it? _____

Why did you get this dog? _____

How many times a day do you feed this dog? _____ Is food left out all day? Y N

How many times a week do you walk your dog? _____

Has your dog ever growled at a person? Y N Tried to nip or bite a person? Y N

If yes, please describe who, where (home, yard, on leash, etc.), why:

Has your dog ever lunged at a person? Y N

If yes, please describe who, where (home, yard, on leash, etc.), why:

Has your dog ever growled at another dog? Y N Tried to bite another dog? Y N

If yes, please describe who, where (home, yard, on leash, etc.), why:

Please continue on the other side

Club use: Class _____ Start date _____

Owner's Name _____ Dog's Name _____

Have you trained a dog before? Y N If yes, what type (pet/companion, competitive obedience, etc.) _____

If this dog has had any formal training please describe (puppy socialization, pet obedience, etc.) _____

What are your goals for your dog (check as many as apply)

- | | |
|--|---|
| <input type="checkbox"/> House pet/companion | <input type="checkbox"/> Hiking/camping/traveling |
| <input type="checkbox"/> Competitive Agility | <input type="checkbox"/> Competitive Conformation |
| <input type="checkbox"/> Competitive Obedience | <input type="checkbox"/> Therapy Dog |
| <input type="checkbox"/> Other _____ | |

Check the 3 most important things you want your dog to learn in this class:

- | | |
|---------------------------------|-----------------------------------|
| ____ Come when called | ____ Down on command |
| ____ Walk on a loose leash | ____ Stand on command |
| ____ Sit on command | ____ Calm interaction with people |
| ____ Calm interaction with dogs | ____ House manners |
| ____ Other _____ | |

Please check as many things as apply to this dog:

- | | | |
|--|--|--|
| <input type="checkbox"/> Friendly to new people | <input type="checkbox"/> Doesn't like new people | <input type="checkbox"/> Barks at new people |
| <input type="checkbox"/> Friendly with new dogs | <input type="checkbox"/> Doesn't like new dogs | <input type="checkbox"/> Barks at new dogs |
| <input type="checkbox"/> Timid/shy | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Calm/low key |
| <input type="checkbox"/> Very excitable | <input type="checkbox"/> Pulls you on leash | <input type="checkbox"/> Doesn't walk on leash |
| <input type="checkbox"/> Indoor/Outdoor dog | <input type="checkbox"/> Indoor dog | <input type="checkbox"/> Outdoor dog |
| <input type="checkbox"/> Jumps up on people | <input type="checkbox"/> Not housebroken | <input type="checkbox"/> Whines |
| <input type="checkbox"/> Bites/mouths hands | <input type="checkbox"/> Will not give up toys | <input type="checkbox"/> Guards food |
| <input type="checkbox"/> Overly excitable in car | <input type="checkbox"/> Gets carsick | |
| <input type="checkbox"/> Doesn't like feet or ears touched | | |
| <input type="checkbox"/> Overly excitable when company comes to the door | | |

Anything else you'd like to tell us about your dog?

Where did you hear about Oakland Dog Training Club? Please check those that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> Yellow Pages-West Co Co | <input type="checkbox"/> Vet's Office | <input type="checkbox"/> ODTC Website |
| <input type="checkbox"/> Yellow Pages-Oakland | <input type="checkbox"/> Club Brochure | <input type="checkbox"/> PIDO Newsletter |
| <input type="checkbox"/> ODTC Student: Name _____ | | |
| <input type="checkbox"/> Other _____ | | |