



**OAKLAND DOG TRAINING CLUB, INC.**  
**Dog Obedience Training Courses**  
Located at 5327 Jacuzzi, Unit 3-1 Richmond

**MAIL APPLICATION TO:**  
Oakland Dog Training Club  
6114 La Salle Avenue # 415  
Oakland CA 94611

Indicate Preference: SEVEN WEEK

**COURSES**

\_\_\_Puppy - dogs 10 weeks to 4 ½ months old: FEE \$150

\_\_\_Beginning - dogs 6 months or older: FEE \$150

\_\_\_Intermediate - dogs completing Beginning or equivalent: FEE \$150

**\*\* 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 4 items 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 \_\_\_\_\_ Initial for rabies certificate \_\_\_\_\_

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)

House pet/companion	Hiking/camping/traveling
Competitive Agility	Competitive Conformation
Competitive Obedience	Therapy Dog
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:

Friendly to new people	Doesn't like new people	Barks at new people
Friendly with new dogs	Doesn't like new dogs	Barks at new dogs
Timid/shy	Outgoing	Calm/low key
Very excitable	Pulls you on leash	Doesn't walk on leash
Indoor/Outdoor dog	Indoor dog	Outdoor dog
Jumps up on people	Not housebroken	Whines
Bites/mouths hands	Will not give up toys	Guards food
Overly excitable in car	Gets carsick	
Doesn't like feet or ears touched		
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:

Yellow Pages-West Co Co	Vet's Office	ODTC Website
Yellow Pages-Oakland	Club Brochure	PIDO Newsletter
ODTC Student: Name _____		
Other _____		