

KEY CITY KENNEL CLUB TRAINING APPLICATION

PLEASE PRINT

Handler's name _____ Age if under 16yrs _____

Address _____

City & Zip Code _____

Phone _____ E-mail _____

Register me for _____ Class on _____ (date/day) at _____ (time)

My second choice is _____ (date/day) at _____ (time)

Dog's name _____ Date of Birth _____ Breed _____

Male Neutered Female Spayed Vet/Clinic _____

Rabies Vaccination Due _____ Distemper/Parvo Combo Vaccination Due _____

(State law allows us only to require rabies vaccination. Participation in a class situation involves the possibility of exposure to both disease (distemper, kennel cough, etc.) and parasites (worms, fleas). To protect your dog, please make certain it has received all vaccinations appropriate for its age and that it is free from parasites, both internal and external.)

Are you the primary owner of the dog? If not, what is your relationship to this dog? _____

How long have you owned the dog? _____ Age of dog when acquired _____

Where did you obtain the dog? Ad in Paper Pet Store Rescue Agency Breeder Stray

Friend or Relative Other: _____

Where is the dog kept? In house-loose In house-crated In fenced yard In dog kennel

Tied outside Loose in unfenced yard Other: _____

Has the dog ever bitten anyone? Yes No If so please describe when this happened and the circumstances

(Continue on reverse side if necessary.)

Has the dog ever been in a fight with another dog? Yes No If so, please describe how many times this has happened and the circumstances

(Continue on reverse side if necessary.)

What things upset this dog _____

How does the dog react to being left alone _____

Describe this dog's personality by checking all that apply:

- | | | | | |
|-----------------------------------|--------------------------------------|-----------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Shy | <input type="checkbox"/> Friendly | <input type="checkbox"/> Fearful | <input type="checkbox"/> Happy | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Playful | <input type="checkbox"/> Nervous | <input type="checkbox"/> Bored | <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Loud |
| <input type="checkbox"/> Annoying | <input type="checkbox"/> Calm | <input type="checkbox"/> Jealous | <input type="checkbox"/> Submissive | <input type="checkbox"/> Territorial |
| <input type="checkbox"/> Finicky | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Dominant | <input type="checkbox"/> Extroverted | <input type="checkbox"/> Dependent |

What bad habits does your dog have? Check all that apply

- | | | | | |
|--------------------------------------|--|---------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> Barks/howls | <input type="checkbox"/> Digs | <input type="checkbox"/> Chews | <input type="checkbox"/> Growls | <input type="checkbox"/> Runs away |
| <input type="checkbox"/> Jumps | <input type="checkbox"/> Gets in trash | <input type="checkbox"/> Chases | <input type="checkbox"/> Bites | <input type="checkbox"/> Wets |
| <input type="checkbox"/> Begs | <input type="checkbox"/> Other _____ | | | |

Has this dog had prior obedience training? Yes No Where? _____

How often will this dog come when called? 100% 75% 50% 25% 0%

List future goals you have for this dog and yourself: _____

Has this handler ever taken an obedience training class before with another dog?

Where? _____ When _____ What level of training was achieved? _____

Have you earned any obedience titles on other dogs? _____

List breeds and ages of other dogs in your household: _____

How did you hear about KCKC training classes? Check any that apply:

Home Magazine ad Internet vet office friend club member other _____

I understand that there will be no refund of fees unless the class I'm registering for is filled or if requested in writing at least two weeks prior to the class start date.

I agree that the Key City Kennel Club, its instructors, assistants and members are providing a service to my dog and me, that they are assisting us in good faith, and that they provide safe equipment in a proper environment for dog training. I agree to hold harmless the Key City Kennel Club, its officers, instructors, assistants, members and agents for any injury that may come to me or to my dog as a result of our participation in dog training classes sponsored by the Key City Kennel Club.

Handler's Signature: _____ Date _____

Parental Signature (for handler under 18 years of age.) _____

Return this application, a check made out to KCKC for the appropriate fee, and a copy of your dog's rabies certificate to:

**Key City Kennel Club
Lynn Davey, Training Director
47081 Linden Lane
Kasota, MN 56050**