



# NAPA VALLEY DOG TRAINING CLUB, INC.

## Training Class Application

Class: (Please indicate class name) \_\_\_\_\_

Time: (Please select time and indicate AM or PM) \_\_\_\_\_

Day: (Please indicate day of week) \_\_\_\_\_

**ALL FEES ARE NON-REFUNDABLE.  
A \$35 NSF FEE WILL BE CHARGED ON ALL  
RETURNED CHECKS.**

**A COPY OF CURRENT SHOT RECORDS  
(DHPP & RABIES) MUST BE INCLUDED  
WITH THIS APPLICATION & PAYMENT.**

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP: \_\_\_\_\_

DOG'S NAME \_\_\_\_\_ YOUR E-MAIL \_\_\_\_\_

BREED OF DOG: \_\_\_\_\_ DOG'S SEX: \_\_\_\_\_ DOG'S AGE: \_\_\_\_\_

WHERE DID YOU GET YOUR DOG? (Circle One): Breeder Humane Society Rescue Other

HOW LONG HAVE YOU HAD THIS DOG? \_\_\_\_\_

YOUR VETERINARIAN'S NAME \_\_\_\_\_

HAS YOUR DOG EVER BITTEN OR TRIED TO BITE? (Circle One) Animal Person Both Neither

HOW DID YOU HEAR ABOUT OUR CLASSES? \_\_\_\_\_

Would you like to receive email about future NVDTTC classes,  
workshops, special NVDTTC events & other club information? Yes  No

### AGREEMENT

I agree to hold the Napa Valley Dog Training Club, Inc., Owner(s) of Property, and/or other Business/Operations, and the Members, Governors, Officers and Employees of the aforementioned parties harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of this dog, myself or my guests, while in or upon the training premises or grounds or near any entrance thereto, and I personally agree to hold the afore-mentioned parties harmless from any claim for loss or damage to me, my guests or this dog by disappearance, theft, injury, death or otherwise, whether such loss, disappearance, theft, injury, death or damage be caused or alleged to be caused by the negligence of any other person, or by any other cause or causes.

Handler's Signature \_\_\_\_\_ Date \_\_\_\_\_

Second Person's Name (Printed) \_\_\_\_\_

Second Person's Signature \_\_\_\_\_ Date \_\_\_\_\_

### DO NOT WRITE IN THIS BOX- FOR CLUB USE ONLY

<b>SHOT RECORDS:</b> DHPP: _____ RABIES: _____	
Amt in Vouchers (if eligible) : _____ Amt in Cash: _____	Processed by _____ Date _____
Amt by Check: _____ Check # _____ Amt in Discounts (if eligible): _____	

NOTES:

# NVDTC Student Information

Your input helps us better understand how we can best help YOU and YOUR DOG.

Your Name \_\_\_\_\_ Name of Class \_\_\_\_\_

Dog's Name \_\_\_\_\_

How long have you owned your dog? \_\_\_\_\_

How many and what type of other pets do you currently have? \_\_\_\_\_

Are there any concerns about your or another family member's relationship with this dog?

\_\_\_\_\_

Does your dog have any physical limitations / medical problems? Yes No If yes, please explain:

\_\_\_\_\_

How does your dog act with other dogs she / he does not know? \_\_\_\_\_

How does your dog react to strangers? \_\_\_\_\_

Has your dog ever been in a dog fight &/or bitten a person or another dog? Yes No

If yes, please explain: \_\_\_\_\_

Have you attended training classes before with this dog? Yes No If yes, when and where:

\_\_\_\_\_

What do you want to accomplish from THIS training class?

\_\_\_\_\_

\_\_\_\_\_

What are your long term goals for your dog? What activities would you like to do with your dog?

(i.e., Having the perfect companion dog, Obedience / Rally, Tracking, Agility, Freestyle / Dog Dancing, Animal-Assisted Therapy)

\_\_\_\_\_

What do you find the most CHALLENGING about your dog? \_\_\_\_\_

\_\_\_\_\_

***Include any questions, concerns or additional details about you and/or your dog .***