



Vallejo Dog Training Club
P. O. Box 743
Vallejo, CA 94590

www.vallejodogtraining.org (707) 567-7027
(Located at 528 Capitol Street, Vallejo, CA)

Class Registration Form

(Please return completed form with copies of vaccination records and payment.)

Class: Start Date: Day of Week: Time:

Owner's Name (please print): Phone:

Home address: E-mail address:

Dog's Name: Dog's Age: Breed of Dog:

Dog's physical description (color, etc.):

Dog's Gender: Male Female Altered

Where does this dog spend most of its time? Indoors Outdoors Both
Is this dog reliably housetrained? Yes No Mostly
Does this dog chew / destroy objects? Yes No Sometimes
Does this dog show aggression? Yes No

If yes, check all that apply: Strangers Other Dogs Owner Family Members
Family Pets Friends Vet Utility Workers
Other:

Does this dog urinate during greetings or when being reprimanded? Yes No Sometimes

When and where did you get this dog?

Does this dog have any medical conditions?

How did you find out about this club?

I (we) agree to hold the Vallejo Dog Training Club, including any of their associates, members, Contractors, and the owner / landlord, harmless from any liability and expense for injury or damage to any person, animal or property brought by me (us) to training classes or any sponsored event. I also agree to be personally responsible for the action of any person or animal which is brought by me (us) to training class or other sponsored events.

NO REFUNDS AVAILABLE
NO CREDITS FOR MISSED CLASSES

Owner's Signature (or Parent if Owner is a minor)

(To be Completed by VDTC)

Training Fee for Class How Paid Processed by:
Vaccination Dates: DHLPP (month/yr) Rabies Expiration Date: (month/yr)