

Waikato Canine Obedience Club Inc.
PO Box 10-255 : Te Rapa : Hamilton
Phone 07 849 1502 or Email Waikato.K9@xtra.co.nz

ENROLMENT FORM

Handler's Name:	
Postal Address:	
Phone (home):	Phone (work):
Fax:	E-Mail:
Dog's Name:	Breed:
Dog's Date of Birth:	Dog Bitch
Is this your first dog? Yes No	Is he/she the only dog in your household? Yes No
Have you trained a dog before? Yes No	
If yes, please give highest level of training and name of your instructor	
Is your dog an "Inside Dog" or an "Outside Dog"?	
Allowed Inside	Sleeps Inside
Not allowed inside at all	Sleeps Outside
Other – Please give details	
Which training method would you prefer to use to train your dog?	
Food	Toy
Other – Please specify	
How would you describe you dog's personality?	
Shy	Doesn't like other dogs
	Doesn't like other people
Other – Please give details	
Where did you hear about the Waikato Canine Obedience Club?	

OFFICE USE ONLY

Vaccination Due:	
Class:	Instructor:

Declaration on back – please sign

Declaration

I am aware that I am responsible for my own safety & insurance during the course/s. I undertake and agree that neither myself nor any other member of my family or persons attending with me will make any claims against the Waikato Canine Obedience Club Inc or anyone else connected with this club in respect of any loss or injury to property, canine or person which may be sustained. I am also aware that any information or knowledge acquired or learnt on the course is strictly for personal use.

Signed:.....

Date:.....