

Waikato Canine Obedience Club



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www.DogObedience.co.nz

ENROLMENT FORM

Name of person handling the dog:

Postal Address:

Mobile Number:

Phone Number (Home):

E-Mail:

(Email address you would like us to send information, invoices, enrolment info etc)

Is the handler over the age of 15 years? Yes No If no, please specify _____

Have you trained a dog before? Yes No

If yes, please give details on highest level of training and where you trained.

Dog's Name:

Breed:

Dog's Date of Birth:

Sex:

Dog

Bitch

Is this your first dog? Yes No

Are they only dog in your household? Yes No If no, now many _____

Is your dog an "Inside Dog" or an "Outside Dog"? (Check as many as needed)

Allowed Inside

Sleeps Inside

Not allowed inside at all

Sleeps Outside

Other – Please give details

How would you best describe your dog's personality? (Check as many as needed)

Shy

Dominant

Aggressive

Friendly

Doesn't like other dogs

Doesn't like other people

Other – Please give details

Are there any issues you think we should be aware of?

What is your main reason for coming to dog obedience?

How did you hear about the Waikato Canine Obedience Club?
Google Facebook Word of Mouth Flyer/Sign
Other _____

OFFICE USE ONLY

Vaccination Due:	
Class:	Instructor:

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:
(Electronic signature is permitted)

Date:

Please save a copy of your completed enrolment form and attached it, along with a copy of your up to date vaccination form and email them to waikato.k9@xtra.co.nz