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| HDTC INTRO TO SCENT WORK WORKSHOP | | | |
| **REGISTRATION FORM** | | | |
| *Owner’s Name:* | | *Handler’s Name:* | *Birthday:* |
| *Address:* | | *Home Phone:* | *Work Phone:* |
| *City:* | *Zip:* | *Mobile Phone:* | *Other Phone:* |
| *Occupation:* | *E-mail:* | | *Fax:* |
| *Dog’s Name:* | | | Date of Birth: |
| *Breed:* | | *Sex:* *Male* *Female* | *Neutered?* *Yes* *No* |
| *Veterinarian:* | | *Phone:* | *Vaccination Date:* |
| *Do you have any special health problems that will affect training and/or living with your dog?* *Yes* *No If yes, please describe:* | | | |
| *Does your dog have any special health problems that will affect training?* *Yes*  *No If yes, please describe:* | | | |
| How does your dog react to unfamiliar people? | | | |
| Has your dog ever bitten you, or anyone else? Yes  No If yes, please describe: | | | |
| How does your dog react to unfamiliar dogs? | | | |
| *Describe behavioral problems you are experiencing with your dog:* | | | |
| What do you hope to accomplish? | | | |
| *Other comments:* | | | |
| Where did you first hear about HDTC? | | | |
| **What day and time is the class you are registering for?** | | | |
| **What time and date is the INTRO TO SCENT WORK WORKSHOP you are registering for?** | | | |
| **CHECK for $45 ENCLOSED** – PAYABLE to HAVENLEA DOG TRAINING CENTRE **CHARGE my VISA/MC for $45 –** Name on Card:  Card Number:       Expiration Date:       3-digit Security Code on back of Card: **MAIL TO: 4875 NW 57th Lane Ocala, FL 34482** **(Fee MUST accompany registration.)** If you prefer, you may email this form (or call with Credit/Debit Card Info), or pay at the HDTC website. | | | |
| I hereby release Georgia A. O’Boyle, and HAVENLEA DOG TRAINING CENTRE, from any liability associated with my dog’s training. I certify that my dog’s vaccinations are current, and that all of the information that I have provided on this form is complete and accurate. I understand that if I discontinue my training after the first class, that NO REFUND will be given. I also understand that my dog’s success depends upon my dedication to the training program, and to applying proper dog training/management principles at home. | | | |
| *Date:* | | *Signature: (Parent, if under 18)* | |
| THANK YOU FOR CHOOSING HDTC FOR YOUR DOG’S EDUCATION!YOU WILL RECEIVE A CONFIRMATION ONCE YOUR REGISTRATION IS RECEIVED.QUESTIONS? CALL (352) 789-5420 -OR- EMAIL: georgia@havenleadogtrainingcentre.com | | | |