|  |
| --- |
| 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 |