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| HDTC COMPANION DOG COURSE | | | | | |
| **REGISTRATION FORM** | | | | | |
| *Owner’s Name:* | | | *Handler’s Name:* | | *Age (if under 18):* |
| *Address:* | | | *Home Phone:* | | *Work Phone:* |
| *City:* | *Zip:* | | *Mobile Phone:* | | *Other Phone:* |
| Occupation: | | Email: | | | |
| 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:* | | | | | |
| *From where, and at what age, did you obtain your dog?* | | | | | |
| *Where does your dog stay during the day?* | | | | *At night?* | |
| *Is your dog crate trained?* *Yes* **☐***No* | | | *Completely house trained?* *Yes* *No* | | |
| 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? | | | | | |
| CLASS DAY/TIME/DATE*:* | | | | | |
| CHECK for $145 ENCLOSED - PAYABLE TO HAVENLEA DOG TRAINING CENTRE4875 NW 57th Lane Ocala, FL 34482 -OR- CHARGE $145 TO MY VISA/MC CARD #:  EXPIRATION:       CVV #:  Registration may be mailed or e-mailed. PAYMENT MUST ACCOMPANY REGISTRATION! (NO REFUNDS)  If you prefer, you may call with your Credit/Debit Info, or pay at the HDTC website. | | | | | |
| **I hereby release Georgia A. Thomas, 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 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 havenleadogtrainingcentre@gmail.com | | | | | |