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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 $175 ENCLOSED - PAYABLE TO HAVENLEA DOG TRAINING CENTRE4875 NW 57th Lane Ocala, FL 34482-OR- CHARGE $175 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 |