

About Dogs LLC

*Relationship-based training and
behavioral consultation services*

Class Registration Form

All classes are taught at Canine Sports & Recreation Center (CSRC) (<http://www.caninesportsrec.com/>), 7275 Joy Road, Dexter, MI 48130. Note that class space is reserved on a first come first serve basis. The way to reserve space is to send in your registration form along with a check (payable to 'About Dogs') for the cost of the class (send to About Dogs LLC—see address below). Please don't hesitate to contact Dr. Ward if you have any questions on the classes or the registration process.

Fill out a separate registration form for each dog. Discounts are offered for multiple dogs in the same home. Please email rameses@umich.edu to inquire

Class: Family Dog Training I (Beginners)

Cost: \$120.00 for 6 weeks

Start Date: September 8th (Wednesday)

End Date: October 13th

Time: 6-7pm

Guardian Information:

Name: _____ Complete Address: _____

Other Family Members who May Attend Class: _____

Phone (with area code): _____ Email: _____

May we confirm with you by email (please circle): Yes No

What are You Most Hoping To Accomplish by Taking This Class: _____

Dog Information:

Dog's Name: _____ Breed or breed-mix: _____

Sex: Male or Female (circle one) Is your dog spayed or neutered? Yes or No (circle one)

Dog's birth date or age: _____ years or months

Please list any previous training classes that you've taken with your dog, including training schools and dates: _____

Dog Behavior:

Check only those that apply

1) When my dog is on leash and sees another dog, she:

snaps lunges growls hides ignores wags tail/greets other dog barks

2) When my dog is off leash and sees another dog, she

snaps lunges growls hides ignores wags tail/greets other dog barks

3) Does your dog tend to bark uncontrollably? (Circle) Yes or No

4) Has your dog ever growled at or bitten another person? Yes or No (please circle)

4a) If you answered "yes" to #4 above, please describe the incident _____

5) Is there anything else that we should know about your dog? _____

6) How many times per week does your dog play with other dogs? _____

7) How did you find out about *About Dogs LLC*? _____

Hold Harmless Agreement:

I hereby agree to the rules and policies of About Dogs LLC and CSRC training classes. I understand that attendance of any of the About Dogs LLC and CSRC training classes is not without risk to myself, members of my family, guests who may attend, or to my dog because some of the dogs to which I will be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care. In consideration of, and as inducement to the acceptance of my application for training membership in this training class, I hereby agree to indemnify and hold harmless About Dogs LLC and CSRC, its instructors, employees, and/or representatives of any and all claims, or claim by any member of my family, or accompanying guests of mine of injury, expense, costs or damages to myself, my dog or any handler sponsored by me. In addition, I agree that I will defend and indemnify both About Dogs LLC and CSRC for any injury, expense, costs, or damages to any dog handlers or dogs, whether sponsored by me or not, or to third parties arising out of my own actions or the actions of my dog. I have read the above-stated provisions, and agree to accept those responsibilities.

Guardian Signature: _____

Date: _____

Please make your check or money order payable to About Dogs LLC and send it, along with the signed class registration form, to:

About Dogs LLC
3046 Bluett
Ann Arbor, MI 48105
Phone: 734-358-1972, email: rameses@umich.edu
www.AboutDogsLLC.com

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Health Certification

Please fill out the top portion of the Health Certification Form and give it to your veterinarian to fill in the vaccination information. You'll need to bring this form with you to the first day of class (or mail in the completed form with your registration materials).

Owner's Name: _____

Dog's Name: _____

Veterinarian Name: _____

Veterinarian Phone: () _____

Veterinarian Clinic and Address: _____

Vaccinations/Fecal	Last Date Given	Date Due
DHPPL or similar		
Rabies		
Fecal		

Veterinarian Signature: _____

Date: _____

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