

**TRICKS FOR TREATS
Registration Form**

Class Start Date: _____

Owner Name: _____

Dog's Name: _____

Address: _____

Email Address: _____

Dog's Breed: _____

Phone Number (h): _____

Dog's Age: _____

Phone Number (w): _____

Dog's Sex: _____

Phone Number (c): _____

Is dog spayed/neutered ? yes / no

Veterinarian's Name & Location: _____

How much time per day do you spend training your dog? _____

Is your dog already familiar with the clicker ? _____

What level of training has your dog completed ?

Puppy Basic Advanced Other specialty classes

Anything else that you would like for me to know about your dog:

Would you be willing (class time permitting) to perform at a recital at a nursing home ?

Please circle which trick your dog already knows (if any)

Roll Over

Shake/Wave

Jumping through a Hula hoop

Back up

Hugs and Kisses

Walk a circle around the owner

Crawl

Bow

Spin...chase their tail

Play Dead

Cover their nose

Weave through owner's legs

PLEASE NOTE: After registering and attending the Orientation, only 50% refund will be granted should you choose to discontinue attending classes and request a refund. Any attendance after Orientation, no refunds will be granted.

I, (print name) _____ understand that the Tricks for Treats class will use positive reinforcement methods and will meet 1 hour per week for 7 consecutive weeks. I have read the course outline and understand that my success or failure in this class is based on my own willingness to work with my dog on a daily basis. I also will be able to show proof of the following vaccinations if asked to do so: Rabies, Distemper, Hepatitis, Leptospirosis, Parainfluenza, Parvo, Corona and Bordatella. I have read and understand all the conditions and would like to enroll in the class.

Signature _____