

HAMBURG ALL-BREED OBEDIENCE CLUB

CLASS APPLICATION

DATE	INSTRUCTOR	CLASS	AMOUNT PAID	Cash receipt / Check No.
This section to be completed by Instructor:				
HANDLER INFORMATION: REMAINDER OF FORM TO BE COMPLETED BY DOG'S OWNER				
Last Name		First	M.I	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		Cell phone #		
Email address			Do you have any disabilities that we should be aware	
How did you hear about our classes?				
Would you be interested in joining HABOC	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Would you like to be informed of club events via email?	YES <input type="checkbox"/> NO <input type="checkbox"/>
CANINE INFORMATION				
DOG'S CALL NAME		BREED of DOG		
SEX	Male <input type="checkbox"/> Female <input type="checkbox"/>	Is the dog spayed or neutered?	YES <input type="checkbox"/> NO <input type="checkbox"/>	AGE (at class time)
How long have you had the dog		Is the dog a Rescue?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Has your dog ever bitten a person or another dog aggressively? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If "YES", please explain:</i>				
Check ALL words that describe your dog's personality		Fearful <input type="checkbox"/> , Shy <input type="checkbox"/> , Aloof <input type="checkbox"/> , Even-Tempered <input type="checkbox"/> , Devoted <input type="checkbox"/> , Confident <input type="checkbox"/> , Active <input type="checkbox"/> , Pushy <input type="checkbox"/> , Aggressive <input type="checkbox"/>		
If you checked "Aggressive", Please explain:				
How does your dog react to other dogs?	Ignores <input type="checkbox"/> , friendly <input type="checkbox"/> , too playful <input type="checkbox"/> , growls <input type="checkbox"/> , snaps <input type="checkbox"/> , doesn't like <input type="checkbox"/>			
How does your dog react to strangers?	Ignores <input type="checkbox"/> , friendly <input type="checkbox"/> , too playful <input type="checkbox"/> , growls <input type="checkbox"/> , snaps <input type="checkbox"/> , doesn't like <input type="checkbox"/>			
Does your dog have any physical limitations that may affect his/her training?				
What do you like best about your dog?				
In what activities, if any, does your dog participate?				
What do you hope to accomplish by joining this class?				
Medical Information				
Name of Veterinarian		Name of Veterinary Clinic		
Vet Phone #		Date of your dog's last visit		
What procedures and/or tests were done?				
To participate in class, you must provide proof of the following vaccinations. Titer and nosodes are accepted.				
Distemper & Parvo: Puppy Shots OR latest Booster shots		Date(s) given		
Rabies: Current vaccination as required by law.		Date given		
Please make sure your dog is free of parasites and fleas				

NB: There may be occasions when the instructor is absent and a qualified substitute will conduct the class