



For Office Use:

Date

Session

1 2 3 4 5 6

karlene@dogchallenge.co.za

www.dogchallenge.co.za

Cell: 083 360 5839 / Fax: 086 516 3325

CLASS REGISTRATION FORM – PLEASE COMPLETE

Please complete clearly and fill in all information

Incomplete or Illegible entries may result in errors on your Graduation Certificate

Puppy I []

Puppy II []

Dog Challenge I - beginner []

Dog Challenge II – intermediate []

Dog Challenge III – advance []

Owner / Handler Details

Name _____ Surname _____

Address _____

Tel No: H () _____ W () _____

Cell _____ E-Mail _____

Puppy / Dog Details

Dogs Name _____ **Date of birth** _____

Breed _____ **Male** [] / **Female** []

Dogs Vet _____ **Date of lat vaccination** ____/____/20: ____

What kind of food dog is fed _____ **How many times a day** _____

Spayed/Neutered [] **Age Obtained** _____ **From Where?** _____

Have you trained a dog before? _____ **When?** _____ **Where?** _____

Does your dog have any past injuries or any current conditions? _____

Are there any specific problems that you would like to be addressed on this course?

How is your dog around new people? Friendly/ happy/ over excited/ jumps/growls/ shy/ barks/ please elaborate.

How is your dog around new dogs? Friendly/ happy/ over excited/ jumps/growls/ shy/ lunges/ barks/ please elaborate.

How do you exercise your dog, and how often?

How long and how often is your dog left alone at home?

Where does your dog sleep? _____ **Is your dog microshipped?** _____

Is there anything else you would like to tell us about your dog?



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Please note that anxious dogs or dogs with behavioural problems may find class training too stressful. In these cases on one training might be the best option.

Course Details

Where did you find out about this course? _____

What would you like to achieve from this course? _____

N.B. Class numbers are limited and courses are often booked out early. To guarantee a place on a preferred date pre-registration, with 50% deposit, is necessary.

Payment can be made by cheque or by internet banking to K. Treurnicht; Nedbank Clearwater; Account #1825051097; Branch code – 18250500. Please reference to owner's / dog's name. No card facilities are available. Please email or fax (086 516 3325) the completed documentation (registration form and proof of payment) If bringing cash please state the EXACT amount in an envelope, clearly marked (i.e. name of owner and dog)

N.B. Training takes place at Plot. 188 Beyers Naude, Muldersdrift animal clinic.

I certify that this dog has been inoculated against distemper, parvo and rabies.
I have read, understand, and agree to abide by the Training Class Policies.

I understand that there will be no cash refunds made by Dog Challenge. However, in case of prolonged illness of dog or handler, with a veterinarian's/doctor's statement, the class by be made up within six (6) months.

I agree by the signing of this document that Karlene Treurnicht, Dog Challenge, and all Instructors, organisers, Sponsors and associated persons are released from any liability for any accident or injuries sustained by me and my dog(s), or any guest I may bring to these lessons. I further agree that Karlene Treurnicht, Dog Challenge, and all associated persons are not responsible for theft or damage to dogs, people or their property.

I/We the undersigned recognize that dog related activities are sometimes dangerous, that dog have teeth and sometimes use them, that accidents involving dogs do occur, that the condition of the land is often hazardous, that footing is rarely perfect, that even well-maintained equipment may fail. In light of this knowledge, I take full responsibility for all harm that comes to me and my dogs(s), and all of my associates. With full knowledge, I release Karlene Treurnicht, Dog Challenge, and all instructors, organisers, sponsors and associated persons from any and all responsibility for accidents, injuries, damage or theft. By signing this document, you acknowledge that you fully understand its contents. If you are under age 18, a parent or legal guardian must sign this form.

Participant _____ Date: ____/____/____

Legal Guardian (if under 18) _____ Date: ____/____/____