



BEGINNER 1 CLASS REGISTRATION FORM

(All classes are 8 Week Sessions unless otherwise noted)

THIS CLASS IS FOR DOGS OVER 5 MONTHS OF AGE

All classes are held at our Training Hall at 75 Ellis Street, Staten Island, NY 10307

Fees for classes are \$185.00 and are by **pre-registration** only. If your dog has been adopted from a local shelter or recognized rescue organization, you are entitled to a 10% discount (\$166.50) on your first training session only. Proof of adoption must be included with your registration form. No discounts will be extended without the documentation. Include a copy of your dog's most recent vaccination or titer records with these forms.

Proper training equipment is required. You can purchase these items from us on the first night of class or purchase them on your own. The items need for your class:

- Collar (your instructor will recommend which collar is appropriate for your dog)
- 4 foot leather leash
- Special treats, such as cut up hot dogs or string cheese (do not use kibble or biscuits)

Please wear comfortable shoes such as sneakers to class. No heels, flip-flops or backless shoes for your safety as well as your dog's.

Please return the completed registration form, the behavior survey, the signed liability waiver, a copy of your dog's most recent vaccination or titer records and your check or money order, payable to SICDTC to the address below. ***There are no refunds or credit after the first class in the session.*** Please be sure to provide an accurate, regularly checked e-mail address. If you do not have one, please leave blank and you will be contacted by telephone. **A written confirmation will be sent to you approximately one week prior to class via e-mail.**

Please mail your registration forms and a check made payable to SICDTC, Inc. to:

SICDTC BEGINNER REGISTRATION

Mary Jane Monahan
199 Seeley Street
Brooklyn, NY 11218

Beginner Class Registration Application and Behavior Survey

Registration is on a first come, first served basis, with the completed registration forms and your check or money order reserving your spot in class. Please indicate your first choice of class and your second choice of class.

1st Choice Class: _____ Day _____ Time _____

2nd Choice Class: _____ Day _____ Time _____

Name: _____ Home Phone Number: () _____

Work Phone Number: () _____ Cell Phone Number: () _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail Address _____

Emergency Contact Name & Phone Number: _____

Dog's Name _____ Breed: _____ M/F: ___ Age: ___ Spay/ Neutered? ___

Have you trained a dog before? Yes No If yes, when and where did you train?

How did you learn about our classes? Website Vet Word of mouth Other Advertising

Please elaborate: _____

Please indicate any specific problems you are having with your dog? _____

How long have you owned this dog and where did you get him/her?

Do you have children/other pets? Yes No . If Yes, how does your dog interact with them?

Describe your dog's reaction to strangers? _____

Has your dog ever attempted to bite or has bitten anyone? Yes No . If Yes, what were the circumstances and was there an injury? _____

Describe your dog's reaction to other dogs? _____

What do you hope to accomplish by attending class? _____

Parental Consent Form for Minors Handling Dogs in Class

(This form is a continuation of the Liability Waiver)

Any Handler 18 or Under Must Submit this Form with the Application.

Note: the minimum training age is 10 years old and held to the discretion of the Instructors.

I, _____, parent of _____
(Parent's name printed) (Child's name printed)

who is _____ years old do give consent for my child _____ to
(Child's name printed)

actively attend classes at Staten Island Companion Dog Training Club. If I cannot accompany
my child to class, I further give consent for _____, _____ or
(Adult's name) (Adult's name)

_____, to be in attendance and on the premises at all times with said minor
(Adult's name)

child.

Signature of Parent Date