



MCDTC Use Only		
Amount paid:		
DHL	Mem.	Y/N
Parvo	N-Mem.	Y/N
Rabies	Repeat	Y/N
Class:	KPT	Basic Show

Obedience Classes Application

Name of Owner(s): _____

Address: _____

Main Phone # _____ Alternative Phone # _____

E-mail: _____ Alternative E-mail: _____

Name of Handler (if different from above): _____

If Junior Handler, Age: _____

Occupation: _____ Place of Employment: _____

Work Phone #: _____ E-mail: _____

Any physical problems that you might have that we should be aware of?

Have you ever trained a dog before? (please circle one) Yes No

If Yes, Describe (Breed, Where, When, Method, Show experience, AKC Titles, etc.)

Have you taken this dog to a class before? (please circle one) Yes No

If Yes, When and Where? _____

Name of Dog: _____ Sex (please circle one): M F Breed: _____

Age/DOB: _____ Neutered or Spayed: Yes No Veterinarian: _____

Does your dog have any physical/mental problems we should know about?

What things do you hope to accomplish in this class?

How did you learn of MCDTC obedience classes? (please circle one)

Newspaper Veterinarian Student Club Member Kennel Website Other

A portion of your payment for classes will be put toward a temporary membership with the Mifflin County Dog Training Club while you are attending classes. If you would like to join the club after classes end, please ask one of the instructors for a membership application.

Owners Signature _____ Date _____