



# Barking Hills Country Club

## Class registration form

Please print out, complete and send, with inoculation records, to the address listed below.  
Registration for **BASIC OBEDIENCE** must be received **ONE WEEK** before the start of class.

<b>Class you are registering for</b>	<b>1</b>	Class name _____ Start Date _____ Time _____ How did you find Barking Hills?
<b>Payment</b>	<b>2</b>	If you attend all the classes and do the homework and are not satisfied, you may get a refund. Otherwise, Barking Hills has a no refund policy. <input type="checkbox"/> I have paid on PayPal <input type="checkbox"/> My check or money order is enclosed
<b>About you</b>	<b>3</b>	Name _____ Address _____ City, State, ZIP _____ Phone (day) _____ (evening) _____ Email _____
<b>Dog handler</b> Who will handle the dog in class?	<b>4</b>	Name _____ <input type="checkbox"/> Adult <input type="checkbox"/> Teen <input type="checkbox"/> Child Can s/he physically restrain the dog if the dog lunges at another animal? <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>About the dog</b>	<b>5</b>	Dog's Name _____ Dog's Breed(s) _____ Dog's Date of Birth _____ Sex _____ Spayed/Neutered <input type="checkbox"/> No <input type="checkbox"/> Yes    Date _____ Where did you get your dog? How old was s/he? Why did you choose this breed?
<b>Your experience as a dog owner</b>	<b>6</b>	Is this the first dog you've owned as an adult? <input type="checkbox"/> No <input type="checkbox"/> Yes If not, what other breeds have you owned? Have you taken an obedience class with this dog before? <input type="checkbox"/> No <input type="checkbox"/> Yes With another dog? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, where did you train? _____ What classes did you take? _____

**Your dog's environment**

Have you put an obedience title on a dog?  No  Yes Title(s) \_\_\_\_\_

How many people are in your household? Adults \_\_\_\_\_ Children \_\_\_\_\_

List the names of all members of your household and ages for the children:

List any other pets in your home, including species and breed

What do you feed your dog?  Canned  Dry Brand \_\_\_\_\_

How many times a day? \_\_\_\_\_ Amount at each feeding? \_\_\_\_\_

**7** Is your dog crate-trained?  No  Yes Where is the crate? \_\_\_\_\_

Where does your dog sleep? \_\_\_\_\_

How many hours is your dog alone each day? \_\_\_\_\_

Where is your dog when you are not at home? \_\_\_\_\_

Is your dog yard fenced?  No  Yes

How many hours of exercise does your dog get each day? \_\_\_\_\_

What does it include?

Why are you bringing your dog to class? What would you most like to accomplish?

**Your dog's behaviors**

Check all that apply to your dog

**8**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Jumps on people              | <input type="checkbox"/> Pulls on lead             | <input type="checkbox"/> Barks Excessively          |
| <input type="checkbox"/> Comes when called            | <input type="checkbox"/> Nips Adults               | <input type="checkbox"/> Nips Children              |
| <input type="checkbox"/> Chew/destroys things         | <input type="checkbox"/> Barks/lunges at strangers | <input type="checkbox"/> Loves new people           |
| <input type="checkbox"/> Plays nicely with other dogs | <input type="checkbox"/> Growls when touched/moved | <input type="checkbox"/> Barks/lunges at other dogs |
| <input type="checkbox"/> Shy/afraid of people         | <input type="checkbox"/> Digs                      | <input type="checkbox"/> Nervous in new places      |
| <input type="checkbox"/> House-trained                | <input type="checkbox"/> Bolts out front door      | <input type="checkbox"/> Escapes yard               |
| <input type="checkbox"/> Calm/Quiet                   | <input type="checkbox"/> Soils crate               | <input type="checkbox"/> Steals from table/counters |
| <input type="checkbox"/> Guards food/treats           | <input type="checkbox"/> Chases cars               | <input type="checkbox"/> Cries when left alone      |
| <input type="checkbox"/> Begs for food                | <input type="checkbox"/> Bumps you/gets underfoot  | <input type="checkbox"/> Takes treats gently        |
| <input type="checkbox"/> Behaves for grooming         | <input type="checkbox"/> Bares his teeth at people | <input type="checkbox"/> Snarls at you              |



Can be held/handled by your veterinarian/groomer

**Issues we should know about**

**Has your dog bitten another dog?**  No  Yes # Times \_\_\_\_\_

Please tell us about the incident including was this a known or strange dog, what was happening immediately prior to the incident, whether a veterinarian was required, etc. Use an additional sheet of paper if necessary.

**Has your dog bitten a human being?**  No  Yes # Times \_\_\_\_\_

Please tell us who (a family member, stranger etc.), the age of the person bitten, where the incident occurred, was medical attention required and what, specifically was happening prior to the bite. Use an additional sheet of paper if necessary.

**What does your dog not like you to do?**

(Take toys away, take his food dish, brush her, etc.)

**What does your dog do about it?**

(snarls, growls, walks away, barks, etc.)

9

**Does your dog have any chronic medical problems?**  No  Yes

Please list anything that is chronic and/or frequently recurring (arthritis, hip dysplasia, patellar luxation, OCD, ear infections, injuries etc.) so that we can modify training techniques as needed to accommodate your dog.

**Does the handler have any physical limitations (temporary or permanent)**

**we should know about in order to help train your dog?**

No  Yes

(Limited or diminished mobility, dexterity or strength; vision or hearing loss; asthma; emphysema; recent injury; back problems; pregnancy; etc.)

**Does the handler or the dog have an allergy to peanut butter?**  No  Yes



Anything else?

10

Please tell us anything else about your dog, his behavior or background so that we may better help you:

(He/she growls when you take away food, nips at the children, bites shoelaces, won't come when called, jumps on my company, pulls me down the street, soils in the house, runs around – is "hyperactive", chases cars, won't hold still for grooming, etc. – use an additional sheet of paper if necessary)

Agreement, Waiver and Assumption of Risk:

I understand that my attendance of a dog obedience training class is not without risk to myself, members of my family and/or guests who may accompany me. I agree to hold Barking Hills Country Club, its owners, employees and the owner of the premises and any employees of the aforementioned parties harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of any dog while on the grounds or in the vehicles of or near any entrance thereto, and I (we) personally assume all responsibility and liability for any such claim; I (we) understand that some of the dogs to which I (we) will be exposed may be difficult to restrain or control and may be the cause of injury to myself (ourselves) even when handled with the utmost care. I (we) further agree to hold the aforementioned parties harmless from any claim for loss of this pet by disappearance, theft, death or otherwise, and from any claim for damage or injury to the pet whether such loss, disappearance, theft, damage or injury, be caused or alleged to be caused by the negligence of Barking Hills Country Club or any of the parties aforementioned, or by the negligence of any other person, or any other cause or causes. I (we) hereby assume the sole responsibility for and agree to indemnify and save the aforementioned parties harmless from any and all loss and expense (including legal fees) by reason of the liability imposed by law upon any of the aforementioned parties for damage because of bodily injuries, including death at any time resulting therefrom, sustained by any person or persons, including myself (ourselves), or on account of damage to property, arising out of or in consequence of my (our) participation in Barking Hills Country Club events, training sessions, classes or any other function, howsoever such injuries, death or damage to property may be caused, and whether or not the same may have been caused or may be alleged to have been caused by negligence of the aforementioned parties or any of their employees or agents, or any other persons.

Signature

11

I have read and agree to follow the Rules and Regulations (<http://barkinghills.com/training/class-rules/>)

Sign here

X

Date \_\_\_\_\_

Send this form with a copy of your dog's inoculation records to the address below.

