

# KEY CITY KENNEL CLUB TRAINING APPLICATION

## PLEASE PRINT

Handler's name \_\_\_\_\_ Age if under 16yrs \_\_\_\_\_

Address \_\_\_\_\_

City & Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Register me for \_\_\_\_\_ Class on \_\_\_\_\_ (date/day) at \_\_\_\_\_ (time)

My second choice is \_\_\_\_\_ (date/day) at \_\_\_\_\_ (time)

Dog's name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Breed \_\_\_\_\_

Male  Neutered  Female  Spayed Vet/Clinic \_\_\_\_\_

Rabies Vaccination Due \_\_\_\_\_ Distemper/Parvo Combo Vaccination Due \_\_\_\_\_

(State law allows us only to require rabies vaccination. Participation in a class situation involves the possibility of exposure to both disease (distemper, kennel cough, etc.) and parasites (worms, fleas). To protect your dog, please make certain it has received all vaccinations appropriate for its age and that it is free from parasites, both internal and external.)

Are you the primary owner of the dog? If not, what is your relationship to this dog? \_\_\_\_\_

How long have you owned the dog? \_\_\_\_\_ Age of dog when acquired \_\_\_\_\_

Where did you obtain the dog?  Ad in Paper  Pet Store  Rescue Agency  Breeder  Stray  
 Friend or Relative  Other: \_\_\_\_\_

Where is the dog kept?  In house-loose  In house-crated  In fenced yard  In dog kennel  
 Tied outside  Loose in unfenced yard  Other: \_\_\_\_\_

Has the dog ever bitten anyone?  Yes  No If so please describe when this happened and the circumstances \_\_\_\_\_

(Continue on reverse side if necessary.)

Has the dog ever been in a fight with another dog?  Yes  No If so, please describe how many times this has happened and the circumstances \_\_\_\_\_

(Continue on reverse side if necessary.)

What things upset this dog \_\_\_\_\_

How does the dog react to being left alone \_\_\_\_\_

Describe this dog's personality by checking all that apply:

- |                                   |                                      |                                   |                                      |                                      |
|-----------------------------------|--------------------------------------|-----------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Shy      | <input type="checkbox"/> Friendly    | <input type="checkbox"/> Fearful  | <input type="checkbox"/> Happy       | <input type="checkbox"/> Aggressive  |
| <input type="checkbox"/> Playful  | <input type="checkbox"/> Nervous     | <input type="checkbox"/> Bored    | <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Loud        |
| <input type="checkbox"/> Annoying | <input type="checkbox"/> Calm        | <input type="checkbox"/> Jealous  | <input type="checkbox"/> Submissive  | <input type="checkbox"/> Territorial |
| <input type="checkbox"/> Finicky  | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Dominant | <input type="checkbox"/> Extroverted | <input type="checkbox"/> Dependent   |

What bad habits does your dog have? Check all that apply

- |                                      |  |                                 |                                 |                                    |
|--------------------------------------|--|---------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> Barks/howls | <input type="checkbox"/> Digs          | <input type="checkbox"/> Chews  | <input type="checkbox"/> Growls | <input type="checkbox"/> Runs away |
| <input type="checkbox"/> Jumps       | <input type="checkbox"/> Gets in trash | <input type="checkbox"/> Chases | <input type="checkbox"/> Bites  | <input type="checkbox"/> Wets      |
| <input type="checkbox"/> Begs        | <input type="checkbox"/> Other _____   |                                 |                                 |                                    |

Has this dog had prior obedience training?  Yes  No Where? \_\_\_\_\_

How often will this dog come when called?  100%  75%  50%  25%  0%

List future goals you have for this dog and yourself: \_\_\_\_\_

Has this handler ever taken an obedience training class before with another dog?

Where? \_\_\_\_\_ When \_\_\_\_\_ What level of training was achieved? \_\_\_\_\_

Have you earned any obedience titles on other dogs? \_\_\_\_\_

List breeds and ages of other dogs in your household: \_\_\_\_\_

How did you hear about KCKC training classes? Check any that apply:

Home Magazine ad  Internet  vet office  friend  club member  other \_\_\_\_\_

*I understand that there will be no refund of fees unless the class I'm registering for is filled or if requested in writing at least two weeks prior to the class start date.*

*I agree that the Key City Kennel Club, its instructors, assistants and members are providing a service to my dog and me, that they are assisting us in good faith, and that they provide safe equipment in a proper environment for dog training. I agree to be, or to have a responsible adult be, in attendance at all times if my minor child is handling a dog entered in this class. I agree to hold harmless the Key City Kennel Club, its officers, instructors, assistants, members and agents for any injury that may come to me or to my dog as a result of our participation in dog training classes sponsored by the Key City Kennel Club.*

Handler's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parental Signature (for handler under 18 years of age.) \_\_\_\_\_

**Return this application, a check made out to KCKC for the appropriate fee, and a copy of your dog's rabies certificate to:**

**Key City Kennel Club  
Lynn Davey, Training Director  
47081 Linden Lane  
Kasota, MN 56050**