



Car-Dun-AI ODTc Puppy Class Registration

Please fill in this form completely and legibly. For questions, call **Debbie Yagoda** at **847-882-6464**. Mail this application along with the **\$75.00** Check or Money Order made payable to **Car-Dun-AI ODTc**.

Mail to: **Car-Dun-AI ODTc**
c/o Debbie Yagoda
464 Linsey Ave., Schaunburg, IL 60194

Class Start Date: _____

Regulations:

- The 1st night of class is an Orientation. Bring your puppy and its favorite treats.
- Puppy should be 9-20 weeks of age on the night of Orientation.
- The Health Certificate **MUST** be completed by your vet to assure that your pup is current on its health care program & is free of any contagious condition. **Bring the Health Certificate with you the 1st night of class.**
- The Waiver/Release Form **MUST** accompany this form to validate registration.
- Two people per puppy are welcome to attend (children must be 8yrs. or older and must be accompanied by an adult at all times).
- Classes are by pre-registration only.
- NO refunds will be given after the Orientation.

Office: pd. date

cash/check #

receipt #

Instructor's Information (Please Print All Blanks Legibly)

Handler's Name _____ Phone: Day _____ Eve _____
(Give first & last name of person training dog)

Mailing Address _____ City _____ Zip _____

Email Address: _____

Puppy's Call Name: _____ Breed _____ Birth Date _____ Gender: M - F

How did you hear about us? _____

Where did your puppy come from? Breeder ____ Pet Shop ____ Shelter ____ Other _____

Please check (X) and or circle problems your dog has and include any other information that will help the instructor to help you train your dog:

- | | | |
|---|--|---|
| <input type="checkbox"/> Urinates when excited/afraid | <input type="checkbox"/> hyperactive | <input type="checkbox"/> lifts leg (male) in house |
| <input type="checkbox"/> Eats stool | <input type="checkbox"/> overly friendly | <input type="checkbox"/> rides people (sexual) |
| <input type="checkbox"/> Not housebroken | <input type="checkbox"/> digs holes | <input type="checkbox"/> guards food or toys |
| <input type="checkbox"/> Chews destructively | <input type="checkbox"/> fence jumper | <input type="checkbox"/> growls at _____ |
| <input type="checkbox"/> Nuisance barker/whiner | <input type="checkbox"/> bolts (runs away) | <input type="checkbox"/> excessive play biting |
| <input type="checkbox"/> Shy towards _____ | <input type="checkbox"/> jumps on people | <input type="checkbox"/> has bitten (explain) _____ |

____ Other problems: (Explain below/use reverse if needed)