



All Breed Obedience Club, Inc.
www.aboci.com
Beginning Pet Dog Training Class
Application

Registration Deadline: _____
 Nonmembers: **\$80 per dog** Members: **\$60 per dog**
Checks only. No cash. Classes held outdoors at
 Allied Gardens Recreation Center in San Diego

Make Check or Money Order Payable to "All Breed Obedience Club".
E-mail Louisa at louisa4@cox.net to reserve a space.
Bring Application, proof of rabies and check to your first class
ABSOLUTELY NO AGGRESSIVE DOGS!!

Your Name(s): _____ Phone: _____
 Fax: _____ Email: _____
 Address: _____ City: _____ Zip: _____
 How did you hear about these classes? _____

INFORMATION ABOUT YOUR DOG

Breed (or approximate mix to give indication of size) _____
 Dog's Name: _____ Age: _____ Sex: _____ Neutered? _____
 How long have you had this dog? _____ Have you trained a dog before? _____
 How and/or why did you acquire this dog? _____
 Describe any specific behavior problems with this dog: _____

 Do you consider the dog aggressive? _____ Towards other dogs? _____ People? _____
 Has your dog ever bitten? _____ Another dog? _____ A person? _____
 Briefly state what you hope to accomplish in this class: _____

 Are you interested in obedience competition or other dog sports? _____

DOG'S MEDICAL INFORMATION

Describe any disabilities, health problems, or allergies this dog may have that we should know about: _____

 Veterinarian or Veterinary Clinic: _____
 Current Rabies vaccination date _____ ***Attach proof of Rabies vaccination or titer with this form***

If you have any questions, please email louisa4@cox.net.

I will not hold Allied Gardens Recreation Center, All Breed Obedience Club, Inc., or any of its members responsible for any injury to myself or to my dog that could occur while I am taking this class. I agree to keep my dog on leash and under my control at all times. I represent that my dog is not a hazard to other persons or dogs. ABOCI reserves the right to remove from class any dog deemed dangerous to other class members or their dogs.

Signature of Applicant: _____ Date: _____