



POST OFFICE BOX 42
ABINGTON, PA 19001
215-745-1003

WEBSITE: www.goodneighbor dogobedienceclubinc.com
EMAIL: GNDOC2007@yahoo.com

Name _____

Address _____

City & Zip _____ Tele. _____

Dog's Name _____ Breed _____

Sex _____ Present Age _____ Age when obtained _____

Where was dog obtained? _____ Is this your first dog? _____

Who takes principal care of dog? _____

In order of preference, list three things you would like to teach your dog to do.

1. _____
2. _____
3. _____

In order of preference, list three things you would like to teach your dog **NOT** to do.

1. _____
2. _____
3. _____

How do you reward your dog? _____

How do you correct your dog? _____

Does the correction work? _____

Have you ever trained a dog before? _____ If so, where?

Class _____ Private Lessons _____ Self _____ Other _____

How did you hear of the Good Neighbor Dog Training Class? _____

Has your dog ever bitten or attempted to bite anyone? _____ If so, please explain on back.

I attest that my dog has had the following vaccinations on the dates stated. Dogs under six months of age are exempt from the rabies requirement.

Distemper: __/__/__ Parvo: __/__/__ Parainfluenza: __/__/__ Rabies: __/__/__

RELEASE AND HOLD HARMLESS AGREEMENT

By signing this application, I hereby release and agree to hold harmless the Good Neighbor Dog Obedience Club, Inc., its officers, directors, members, employees and volunteers, as well as the owners of the premises on which training activities are held, for any and all claims for loss or injury of any kind which may be caused directly or indirectly to me or to my dogs in connection with any activities carried on by Good Neighbor Dog Obedience Club, Inc. I personally assume all responsibility and liability and I assume all risk of loss or injury of any kind in connection with any dog training activity offered by Good Neighbor Dog Obedience Club, Inc.

Signed _____ Date _____