

**Kuliga Dog Training Club  
Class Application Form**

A space will be reserved for you in the \_\_\_\_\_ class, which begins on \_\_\_\_\_ @ \_\_\_\_\_ AM/PM. The class meets once a week for an hour, for \_\_\_\_\_ weeks at our St. Bernard training facility, 898 Kieley Place, Cincinnati OH 45217 (near Norwood Lateral & Paddock Rd). THIS IS ***NOT*** A MAILING ADDRESS—MAIL COMPLETED APPLICATIONS TO ADDRESS AT BOTTOM OF PAGE.

The fee for the class is \_\_\_\_\_, payable in advance. (*Fees are not refundable but, in the case of an emergency, may be applied to another class*). This is the only notification of class registration that you will receive. Note the class start date & time before returning this application. You are registered in the class when this application, along with the class fee and Vet. record, is received.

**Please complete this form and return it with your fees and Vet. records at least 7 days prior to the start of the class. If within 7 days, please call 513-467-0705 (Larry Sills) to register. Spaces are limited. You cannot participate unless you are pre-registered.**

\_\_\_\_\_  
Your name (or person who will train the dog)      Home phone      Cell Phone      Work phone (if okay to call)

\_\_\_\_\_  
Street Address      City      State & zip code

\_\_\_\_\_  
Dog's call name      Breed or mix of breeds      Age      Gender

Spayed or Neutered  
 Not spayed/neutered

Have you owned a dog before? \_\_\_\_\_ Have you trained a dog before? \_\_\_\_\_ If yes, how long ago? \_\_\_\_\_

Where did you train & what kind of training did you do? \_\_\_\_\_

What do you want to accomplish with this class? \_\_\_\_\_

Do you or your dog have any physical limitations to training? (Explain) \_\_\_\_\_

Any problems with your dog that you want help with? \_\_\_\_\_

Has your dog ever bitten anyone (in anger)? \_\_\_\_\_ If yes, describe: \_\_\_\_\_

Veterinarian's name: \_\_\_\_\_ Phone: \_\_\_\_\_ Month/Year of last visit: \_\_\_\_\_

**Your dog should have up-to-date shots for DHLPP, Parvo and Rabies. We also recommend vaccination against Kennel Cough (Bordetella) as a precaution. Please attach a photocopy (non-returnable) of your dog's vaccination record from your Vet. with the dates of vaccinations.**

**WAIVER**

I understand that participation in a dog obedience training class is not without risk to myself, members of my family, or my guests who may attend, or to my dog(s); and that some of the dogs, which I (we) will be exposed to may be difficult to control or may be the cause of injury even when handled with the greatest of care.

I hereby release Kuliga Dog Training Club, Inc., its employees, officers, members, and agents from any and all liability of any nature, for injury or damage which I, my dog, family members or guests may suffer, including specifically, but without limitation, any injury or damage resulting from the action of any dog, and I expressly assume the risk of any such damage or injury while attending any training or other function of the Club, or while at the training facility or the surrounding area. I further release from the same liability the owners, employees and agents of the facility at which the classes are held.

\_\_\_\_\_  
Signature of owner or person applying for training      Date      Signature of parent or guardian if applicant is under 18

***Fee enclosed: \_\_\_\_\_ Check or Money Order, Payable to Kuliga Dog Training Club, Inc.***

**Send completed Application with fee and copy of vaccination record to:  
Kuliga Dog Training Club; c/o Larry Sills; 6653 Muddy Creek Rd.; Cincinnati, OH 45233-4443. Phone: (513) 467-0705**

**Coordinator use:** Date received, complete with fee & Vet. record. \_\_\_\_\_

# Information Sheet

Bring this form (completed) to the first class

How did you hear about (find out about) Kuliga Dog Training Club? \_\_\_\_\_

Class you are taking: \_\_\_\_\_ Dog's call name: \_\_\_\_\_

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## HANDLER INFORMATION:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

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## DOG INFORMATION:

Breed of dog: \_\_\_\_\_ Dog's birth date: \_\_\_\_\_

Where did you acquire your dog?

Private breeder or kennel     Pet shop     Animal shelter     Breed rescue     other: \_\_\_\_\_

Sex of dog:  male     female    Neutered or spayed?  yes     no    Have you trained a dog before?  yes     no

If you've trained before, when, where & what breed? \_\_\_\_\_

How long have you had this dog? \_\_\_\_\_ Is this your first dog?  yes     no

Date of most recent vaccination: Distemper: \_\_\_\_\_ Rabies: \_\_\_\_\_

How many hours is your dog left alone on a regular basis? \_\_\_\_\_

What physical disabilities (if any) does your dog have? \_\_\_\_\_

What problems or concerns do you hope to correct with obedience training? \_\_\_\_\_

Do you plan to show your dog?  Breed     Obedience     Agility     Tracking     Flyball  
 Freestyle     Other: \_\_\_\_\_

## Place a check mark beside each phrase that applies to your dog:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> stays in house                 | <input type="checkbox"/> plays with toys                   | <input type="checkbox"/> there are children in the house |
| <input type="checkbox"/> stays in fenced yard           | <input type="checkbox"/> other dogs in the house           | <input type="checkbox"/> has been teased by children     |
| <input type="checkbox"/> is tied out on a chain or line | <input type="checkbox"/> there is a cat(s) in the house    | <input type="checkbox"/> fights with other dogs          |
| <input type="checkbox"/> rides in car frequently        | <input type="checkbox"/> housebroken                       | <input type="checkbox"/> chases cats                     |
| <input type="checkbox"/> friendly with strangers        | <input type="checkbox"/> carried most of the time          | <input type="checkbox"/> chases bicycles                 |
| <input type="checkbox"/> accustomed to leather collar   | <input type="checkbox"/> dislikes strangers                | <input type="checkbox"/> chews destructively             |
| <input type="checkbox"/> accustomed to metal collar     | <input type="checkbox"/> shows fear of strangers           | <input type="checkbox"/> cries or barks excessively      |
| <input type="checkbox"/> walks on a leash               | <input type="checkbox"/> has bitten a member of the family | <input type="checkbox"/> not housebroken                 |
| <input type="checkbox"/> is used to a metal crate       | <input type="checkbox"/> has bitten a stranger             |  |
| <input type="checkbox"/> likes to be groomed            | <input type="checkbox"/> afraid of noises                  |  |

Additional information that may be helpful to your instructor (use back of page if necessary):