

**CAPITOL DOG TRAINING CLUB OF AUSTIN
CLASS REGISTRATION FORM**

Owner/Handler Name: _____

Phone #: cell _____ Home/Work _____

Email: _____

Dog's Name: _____ Breed: _____

Age: _____ Gender: M MN F FS (please circle one)

Please circle any answers that may apply.

Is your dog a: Companion Dog Performance/Sport Dog Other _____

Where did you get your dog: Shelter Breeder Friend Pet Store Foster/Rescue Other

How old was your dog at the time? _____

Do you have any health considerations, issues or concerns for you and your dog?

Yes No If you answered yes, please explain: _____

Have you ever competed with a dog? Yes No this dog? Yes No

Please circle any activities or sports you have done with your dog(s) and add any not listed here.

Agility Tracking Obedience Rally Nose Work Hunting Dock Diving Herding

Other: _____

CDTCA Training Class you are enrolling in:

Pre-Agility

Agility Competition

Agility Obstacle I

Agility Obstacle II

Intro to Sequencing I

Agility Sequencing II

Intro to Nose Work

Intro to Obedience

Competition Nose Work

Canine Good Citizen

Obedience

Competition Obedience

Rally

Advanced Rally

Tricks

Advanced Tricks

WAVIER OF LIABILITY FOR CDTCA TRAINING CLASSES

I acknowledge that Capitol Dog Training Club of Austin, Inc. (CDTCA) makes reasonable efforts to ensure that all dog participants in the training classes are kept current on vaccinations for viral and communicable diseases and acknowledge that physical injury to students and to dogs is possible in these classes. I accept full responsibility should my dog do damage to other persons, other property or other dogs during the training classes conducted by CDTCA. CDTCA assumes no responsibility for any loss, damage or injury by/to students or to any of their dogs or property and further assumes no responsibility for injury to children.

Owner/Handler Signature: _____ Date: _____

******Proof of Immunization must be presented on the first night of class******