

Camille Ward, M.S., Ph.D., CAAB  
Certified Applied Animal Behaviorist



About Dogs LLC  
Behavioral Consulting &  
Relationship Training

### Class Registration Form

The **Family Dog Training I Class** is taught at Canine Sports & Recreation Center (CSRC) (<http://www.caninesportsrec.com/>), 7275 Joy Road, Dexter, MI 48130.

Note that class space is reserved on a first come first serve basis. The way to reserve space is to send in your registration form along with a check (payable to 'About Dogs') for the cost of the class to About Dogs LLC, 3046 Bluett, Ann Arbor, MI 48105. Please don't hesitate to contact Dr. Ward if you have any questions on the classes or the registration process.

**Class:** Family Dog Training I (Beginners)

**Cost:** \$120.00 for 6 weeks

**Start Date:** March 29, 2012 (Thursday)

**End Date:** May 10, 2012 (no class April 19<sup>th</sup>)

**Time:** 6:15pm-7:15pm

Family Dog Training II (Intermediate)

\$80.00 for 4 weeks

March 29, 2012 (Thursday)

April 26, 2012 (no class April 19<sup>th</sup>)

7:45pm - 8:45pm

#### Guardian Information:

Name: \_\_\_\_\_ Complete Address: \_\_\_\_\_  
\_\_\_\_\_

Other Family Members who May Attend Class: \_\_\_\_\_

Phone (with area code): \_\_\_\_\_ Email: \_\_\_\_\_

May we confirm with you by email:  Yes or  No

What are You Most Hoping To Accomplish by Taking This Class: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dog Information:**

Dog's Name: \_\_\_\_\_

Breed or breed-mix: \_\_\_\_\_

Sex:  Male or  Female

Is your dog spayed or neutered?  Yes or  No

Dog's birth date or age: \_\_\_\_\_

Please list any previous training classes that you've taken with your dog, including training schools and dates: \_\_\_\_\_

\_\_\_\_\_

**Dog Behavior:**

Check only those that apply

1) When my dog is on leash and sees another dog, she:

snaps  lunges  growls  hides  ignores  wags tail/greets other dog  barks

2) When my dog is off leash and sees another dog, she

snaps  lunges  growls  hides  ignores  wags tail/greets other dog  barks

3) Does your dog tend to bark uncontrollably?  Yes or  No

4) Has your dog ever growled at or bitten another person?  Yes or  No

4a) If you answered "yes" to #4 above, please describe the incident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5) Is there anything else that we should know about your dog? \_\_\_\_\_

\_\_\_\_\_

6) How many times per week does your dog play with other dogs? \_\_\_\_\_

7) How did you find out about *About Dogs LLC*? \_\_\_\_\_

*Please make your check or money order payable to About Dogs LLC and send it, along with the signed class registration form, to:*

**About Dogs LLC**

3046 Bluett

Ann Arbor, MI 48105

Phone: 734-358-1972, email: [rameses@umich.edu](mailto:rameses@umich.edu)

[www.AboutDogsLLC.com](http://www.AboutDogsLLC.com)

## Hold Harmless Agreement:

I hereby agree to the rules and policies of About Dogs LLC and Canine Sports Recreation Center (CSRC) training classes. I understand that attendance of any of the About Dogs LLC and CSRC training classes is not without risk to myself, members of my family, guests who may attend, or to my dog because some of the dogs to which I will be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care. In consideration of, and as inducement to the acceptance of my application for training membership in this training class, I hereby agree to indemnify and hold harmless About Dogs LLC and CSRC, its instructors, employees, and/or representatives of any and all claims, or claim by any member of my family, or accompanying guests of mine of injury, expense, costs or damages to myself, my dog or any handler sponsored by me. In addition, I agree that I will defend and indemnify both About Dogs LLC and CSRC for any injury, expense, costs, or damages to any dog handlers or dogs, whether sponsored by me or not, or to third parties arising out of my own actions or the actions of my dog. I have read the above-stated provisions, and agree to accept those responsibilities.

Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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# *About Dogs LLC*

*Relationship-based training and  
behavioral consultation services*

## **Health Certification**

Please fill out the top portion of the Health Certification Form and give it to your veterinarian to fill in the vaccination information. You'll need to bring this form with you to the first day of class (or mail in the completed form with your registration materials). If you have provided a health certificate within the last year, you don't need to have your veterinarian fill out this form again.

Owner's Name: \_\_\_\_\_

Dog's Name: \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_

Veterinarian Phone: ( ) \_\_\_\_\_

Veterinarian Clinic and Address: \_\_\_\_\_

| <b>Vaccinations/Fecal</b> | <b>Last Date Given</b> | <b>Date Due</b> |
|---------------------------|------------------------|-----------------|
| DHPPL or similar          |                        |                 |
| Rabies                    |                        |                 |
| Fecal                     |                        |                 |

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