



Class type/start date: \_\_\_\_\_

Class Fees:

Nonmembers: \$ \_\_\_\_\_ per dog Members: \$ \_\_\_\_\_ per dog

Pay on-line with registration or via check. No cash.

Classes held outdoors.

**If paying by check, make Check or Money Order Payable to "All Breed Obedience Club".**

**Bring Application and proof of rabies (if applicable) with you to the first class**

**ABSOLUTELY NO AGGRESSIVE DOGS!!**

See website ([www.aboci.com/classes](http://www.aboci.com/classes)) or Facebook for location and instructor contact info.

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? \_\_\_\_\_

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: \_\_\_\_\_

Current Rabies vaccination date \_\_\_\_\_ **Attach proof of Rabies vaccination or titer with this form\***

If you have any questions, please email [aboci.info@gmail.com](mailto:aboci.info@gmail.com) or instructor via e-mail on website.

You will be considered registered or on wait-list to take the class when this application and payment-in-full has been received PRIOR to or at the scheduled class start date. You may cancel any time up to one week PRIOR to the scheduled class starting date and receive full reimbursement of your registration fee. Should you need to cancel within the week prior to the scheduled class starting date or after class starts, your entire fee will be retained by the club as a deposit towards a future All Breed Obedience Club Class.

I attest that the foregoing is true and correct, that I am in good health and my dog is in good health; that my dog is friendly and not a hazard to other persons or dogs, and that I will participate at my own risk and not hold the City of El Cajon, Wells Park, All Breed Obedience Club, Inc., its board of directors, teaching staff or any and all persons or entities associated with All Breed Obedience Club, Inc. in any way liable for any loss, injury, illness, expense or other hardship that may arise in connection with my participation and/or my dog's participation in this activity. **All Breed Obedience Club, Inc. reserves the right to remove from class any dog deemed dangerous to other class members or their dogs.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

\*Proof of rabies not required for puppies under 4 months old attending Puppy Class