

## K-9 Connection Training School Enrollment Application

Keep in mind that the registrant's name will be the name on the graduation certificate!

Name of Registrant. \_\_\_\_\_ Name of dog \_\_\_\_\_.  
Address. Phone# \_\_\_\_\_.  
Email \_\_\_\_\_.  
Age of dog now \_\_\_\_\_. Breed of dog \_\_\_\_\_.

All classes will be held at the Milford Community Center West.

**Sunday, June 28.**

Puppy K 6:00pm \_\_\_\_\_

Scent Detection Elements 1 beginner 7:00 pm \_\_\_\_\_

Scent Detection Elements 2. 8:00pm \_\_\_\_\_

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Has your dog ever snapped at anyone? \_\_\_\_\_

Explain \_\_\_\_\_.

Has your dog ever bitten a human? \_\_\_\_\_. Has your dog ever attacked another dog? \_\_\_\_\_.

Circumstance: \_\_\_\_\_. Is your dog fearful of other dogs or humans? \_\_\_\_\_.

Please explain \_\_\_\_\_.

Have you ever attended training classes before this one? \_\_\_\_\_. If so where? \_\_\_\_\_.

What is your interest or goals in training your dog? \_\_\_\_\_.

Are you interested in learning about other dog related sports? \_\_\_\_\_. Tracking \_\_\_\_\_. Drafting \_\_\_\_\_. Rally

obedience \_\_\_\_\_. Agility \_\_\_\_\_. Flyball \_\_\_\_\_. K-9 nose work. Dog shows. Obedience trials \_\_\_\_\_

Schutzhund \_\_\_\_\_.

Will you be bringing other members of your family to these classes? \_\_\_\_\_. How many? \_\_\_\_\_.

Would you be interested in doing outdoor field type trips as group exercises in the future? \_\_\_\_\_.

Thank you for taking the time to fill out our enrollment form!

Yours in training,

Lisa Boucher

K-9 Connection Training School

506-738-2313

E Mail hotrott@nbnet.nb.ca

For Office Use Only

Vaccines \_\_\_\_\_

Payment \_\_\_\_\_

Comments \_\_\_\_\_