

**Staten Island Companion Dog Training Club, Inc.
Voicemail: (718) 761-8048 Website: www.sicdtc.info**

Beginner Registration

Thank you for your interest in training at Staten Island Companion Dog Training Club, Inc (SICDTC). **Registration is on a first, come-first served basis, with the receipt of your check and completed registration forms reserving your spot in the class. Please return your forms as quickly as possible, as our classes do fill up rapidly. Classes are by PRE-Registration ONLY. Include a copy of your dogs most recent vaccination records with this form.** Note: there are no refunds after the 2nd week of class.

New class sessions start in every few weeks. Not all classes and times are offered every session. The fee is \$160.00 for the 8-week session. If your dog was adopted from a local shelter or has been spayed or neutered, you are entitled to a 10% discount on your **first training session only**, a savings of \$16.00 (\$144.00) Proof of adoption or neutering must be included with your registration form. No discounts will be allowed without this documentation.

Proper training equipment is required. You can purchase these items on your own or directly from us the first night of class. The items needed for your class are listed below:

- Slip chain collar, also referred to as a choke collar or a prong collar (your instructor will recommend which collar is appropriate for your dog).
- 4-foot leather leash
- Special treats such as cut up hot dogs or string cheese. Do not use kibble or biscuits.

Please wear comfortable shoes such as sneakers to class. No high heels, flip flops or backless shoes.

Registration will end when the classes have been filled, so please return your forms as soon as possible. Please return the completed registration forms indicating your class choice, the signed liability waiver, the completed behavior survey, and **your check or money order made payable to SICDTC, Inc.** to the registration address listed below.

Please be sure to provide an accurate, regularly checked e-mail address. If you do not have one, please leave blank and you will be contacted by telephone. A written confirmation will be sent to you approximately one week prior to class by e-mail.

Mail your check made payable to SICDTC, Inc. and your completed application form and waiver to:

SICDTC REGISTRATION

c/o Debbie Scotto

75 Alexander Ave.

Staten Island, NY 10312

Beginnerregistration@sicdtc.info

Staten Island Companion Dog Training Club, Inc.
REGISTRATION APPLICATION & SURVEY

--Please print CLEARLY or type--

(Return completed form and registration fee as soon as possible. Our classes fill up quickly.)

Name: _____
Address: _____
City, State, Zip Code _____
Day phone: _____ Evening phone: _____
Cell phone: _____
Active E/Mail Address: _____
Dog's Name: _____ Breed: _____ Age: _____

Beginner Classes - These classes are for dogs over 5 months old. It is important that you indicate a first and second choice so that if the class you requested is already filled we can place you in another class. Evening classes fill before daytime classes.

1st choice _____ 2nd choice _____

How long have you owned this dog and where did you get it?

How did you learn about our training classes?

Have you trained a dog before? _ Yes _ No If yes, when and where?

What do you hope to accomplish by attending class?

Do you have other pets? _ Yes _ No If yes, what are they and does your dog get along with them?

Do you have children? _ Yes _ No If yes, how does your dog interact with them?

Describe your dog's reaction to strangers:

Describe your dog's reaction to other dogs:

What specific problems are you having with your dog?

Has your dog ever attempted to bite or has bitten anyone? _ Yes _ No If yes, what were the exact circumstances? What was the injury—blood drawn or just bruising?

Who should we call in case of an emergency during class? Name/phone #
