

Staten Island Companion Dog Training Club, Inc.

Phone: (718) 761-8048 Website: www.sicdtc.info

Puppy KPT

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.** For our mutual protection, no dog will be permitted in the building without the receipt of these records.

New class sessions start often. 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.

Classes are held at our training hall located at 1309 Travis Ave, Staten Island, NY

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:

Puppy Class:

- 4-foot leather leash
 - Buckle collar (adolescent may use a slip or prong collar which you may purchase from us)
 - 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 Orientation by e-mail.

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

SICDTC Puppy Registration

c/o Janet Mines Krings

247 Liberty Ave

Jersey City, NJ 07307

puppyregistration@sicdtc.info

Staten Island Companion Dog Training Club, Inc.

REGISTRATION APPLICATION & SURVEY

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

--Please print CLEARLY or type--

Name: _____

Address: _____

City, State, Zip Code _____

Day phone: _____ Evening phone: _____

E/Mail Address: _____

Dog's Name: _____ Breed: _____

Date of Birth: _____ Please list the weight of your dog: _____

Puppy Class - This class is only available for dogs between 9 and 20 weeks of age.

1st Choice _____ **2nd choice** _____

How long have you owned this dog?

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 #

