



Mississippi Gulf Coast Kennel Club

A Member of the American Kennel Club

Obedience Training Class Registration Form

Mail completed form and payment payable to MGCKC to

Mary Beth Lanassa, 602 Commerce St. Gulfport, MS 39507

For questions, contact Mary Beth via Email: mblanassa@gmail.com or Cell: 228-697-8030

Handler's Name: _____ Dog's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Dog's Breed: _____ Dog's Age: _____ Sex: _____ Spayed/Neutered: _____

Fees:

- Preregistration - Non MGCKC members - \$75; completed form and payment **MUST BE** postmarked at least 7 days prior to first class
- MGCKC members - \$50
- Night of class - \$90

Classes: Basic Obedience **Day:** Tuesday evening **Time:** 6:30 – 7:30 **Duration:** 7 weeks

Location: First Presbyterian Church of Gulfport Gymnasium, 10885 O'Neal Rd {Corner of 605 (Cowan Rd) and O'Neal Road}

Directions From I-10 exit North on Lorraine-Cowan Road (Exit 38/Hwy 605). You will pass Dedeaux Road and then the First Baptist Church on right. The next intersection is O'Neal Road. Turn right on O'Neal Road and use 2nd entrance to the gym in back of the church.

1st Class Night:

- **MUST** Bring Proof of Vaccinations (Rabies/Distemper/Parvo/Bordetella)
- A 6-foot leash
- Lots of soft training treats
- Poop Bags
- Water Bowl
- Patience and eager to work

MGCKC LIABILITY WAIVER

____ Initial I agree by my initials and signature to hold MGCKC, its members, directors, officers, the owner of the premises used for training, and any party or employee of the aforementioned parties, harmless from any claim or loss which may be alleged to have been caused directly or indirectly to any person, animal or things by this dog while in or upon the premises or near the entrance thereto

____ Initial I personally assume all responsibility and liability for any such claim

____ Initial I further agree to hold aforementioned parties harmless for any such claim for the loss of this dog due to disappearance, theft, damage or injury or any other causes.

____ Initial I am solely responsible for my children's safety and welfare as well as their supervision during the entire time they are present on the training grounds.

Printed Names(s) _____

Signature(s): _____

Additional Information

How did you find out about this class? _____

What do you hope to accomplish through this class? _____

Do you have any hearing or other physical handicaps requiring special needs for instruction?

Please list any physical problems or disabilities which may affect your dog's training.

Describe any previous dog training experience do you have. _____

Percent of time your dog spends **Inside**: _____% **Outside** _____%

Describe any training your dog has had: _____

How does your dog react to people? _____

How does your dog react to other dogs? _____

Please check any behaviors that apply to your dog:

- | | |
|--------------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Excessive Barking | <input type="checkbox"/> Soiling the house |
| <input type="checkbox"/> Running Away | <input type="checkbox"/> Sexual behavior (humping things/people) |
| <input type="checkbox"/> Will not come when called | <input type="checkbox"/> Leash broken/trained |
| <input type="checkbox"/> Destructiveness in the home. If yes, how often? | <input type="checkbox"/> Crate Trained |
| <input type="checkbox"/> All the time <input type="checkbox"/> When left alone | |
| <input type="checkbox"/> Other _____ | |

Is our dog aggressive to other people? _____, if yes explain _____

Is your dog aggressive to dogs? _____

Who does the training in you home? _____