

Mississippi Gulf Coast Kennel Club

A Member of the American Kennel Club



Obedience Training Class Registration Form



AMERICAN
KENNEL CLUBSM

Find us at www.mgckc.org on our Facebook Page @ <https://www.facebook.com/MGCKC/> and our Facebook Group @ <https://www.facebook.com/groups/546086032090722/>

Complete form and submit payment payable to MGCKC along with copies of vaccination certificates rabies, parvo, and distemper to: Mary Beth Lanassa, 602 Commerce St. Gulfport, MS 39507.

Questions: mblanassa@gmail.com Cell: 228-697-8030

Time: 6:30 P.M.

Day: Thursday Evenings

Duration: 7 weeks

Location: First Presbyterian Church of Gulfport Gymnasium

Address: 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 Rd. 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.

OBEDIENCE CLASS: *Bring to class:* a 6 ft. leash, lots of soft training treats, a water bowl, and poop bags.

FEES: Non MGCKC members ~~ **\$75.00** pre-registration (7 days before class) **Completed entry form along with shot records and payment by check or Money Order must be postmarked at least seven days prior to first class. **\$90.00** on first day of class. MGCKC Members~~ **\$50.00**

Registration Information: (Please print clearly!)

Handler's Name: _____

Dog's Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Preferred Phone: _____ **E-Mail:** _____

Dog's Breed: _____ **Dog's Age:** _____ **Sex:** _____

Spayed/Neutered: _____

What do you hope to accomplish through this class? _____

What previous dog training experience do you and/or your dog have (recent classes taken)? _____

Have you previously shown in a trial or plan to? _____

What is your preference for communication pertaining to the class and for class confirmation? *Circle one:* **Telephone** or **Email**

VACCINATION CERTIFICATES: You MUST provide a copy of your rabies and distemper vaccination. If you have a puppy that has begun his/her series of vaccinations, but has not yet received rabies, distemper, or parvo vaccination, include the information for the vaccinations received to date and bring a copy of the remaining vaccination certificates before the class is complete. Bordetella is recommended. Thank you!

Date of most recent Rabies Vaccination: _____

Date Next Due: _____

Date of most recent Distemper Vaccination: _____

Date Next Due: _____

Date of most recent Parvo Vaccination: _____

Date Next Due: _____

MGCKC LIABILITY WAIVER

- 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. _____ (Initials)
- I personally assume all responsibility and liability for any such claim. _____ (Initials)
- 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. _____ (Initials)
- 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. _____ (Initials)

Printed Name(s): _____

Signature(s): _____

Additional Information:

How did you find out about 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. _____

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? _____

Does your dog bite? No Yes  People? 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"/> Destructiveness in the home. If
yes, how often?  | <input type="checkbox"/> All the time <input type="checkbox"/> When left alone |
| <input type="checkbox"/> Running Away | <input type="checkbox"/> Leash broken/trained |
| <input type="checkbox"/> Crate Trained | <input type="checkbox"/> Other _____ |

Who administers punishment? _____

What type of punishment? _____