

TWIN PORTS DOG TRAINING CLUB

PUPPY CLASS APPLICATION FORM

Date_____

Dog Owned By_____

Address_____

City_____ State_____ Zip_____

Phone_____ Email Address:_____

Dog to be handled by_____
(One handler only per session)

Age of Handler, if between 12 & 18 _____ Date of birth (if under 18)_____
(Junior Handlers must be at least 12 yrs old and able to control dog in class)

Breed of dog_____ Sex_____

Name of dog_____
Birthdate of dog (Must be under 5 months on the day class begins)_____

Have you trained a dog in an obedience class before? Yes_____ No_____

If yes, when?_____ Number of weeks?_____ Name of organization_____

I was referred to Twin Ports Dog Training Club by_____

Equipment needed: Buckle collar, 6ft leash – NO FLEXIES – and soft, small treats for training if you wish.
Small kibble is fine.

Puppy does come to first class.

Please make this form, fee of \$50.00, a copy of current distemper shot and release form signed by the person doing the actual training.

MAIL TO: TPDTTC Puppy Class, Anne Mayall, 5639 Townline Rd. Duluth, MN 55803

Exact change is appreciated if you enroll at the first class. No bills over \$50.00. We cannot make change. All checks are held until the first class. Refunds will be by Board of Directors approval only.

www.twinportsdogtraining.org

218-729-5311