

Class Registration Form



Your dog deserves a great owner
 Swansea Dog Obedience Club
 info@swanseadog.com
 swanseadog.com
 416.233.7633

Postal address:
 Swansea c/o The Registrar
 2154 Primate Road
 Mississauga, Ontario
 L4Y1V4

Indoor Training Hall
 St. Matthew's Anglican Church
 3962 Bloor Street West
 Etobicoke, Ontario
 M9B 1M3

Swansea Dog Obedience Club
 is a non-profit member run
 organization incorporated 1974.
 We look forward to seeing you
 and your dog at our classes.

COURSE SELECTION

<input type="text"/>				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Course name (check schedule for available session dates/times)				Today's date DD	Month MM	Year YYYY	Club member?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	
Preferred session		Alternate session		Semester	Student ID #		

OWNER/HANDLER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Handler first name	Handler last name	Phone/daytime	Phone/evening
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suite/apartment	Street Number and address	City	Province
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal code	e Mail address	Previous dog handling experience?	How did you find out about Swansea?

Do you have a disability the instructor should be aware of? Please state above.

SPECIFIC GOALS

Please indicate above any specific goals you would like to achieve by the end of this class.

DOG'S BACKGROUND

<input type="text"/>	<input type="text"/>	<input type="text"/>
Dog's call name	Dog's registered name (purebred dogs only)	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>
Breed	Birthdate DD	Month MM
		Year YYYY
		OR
		Age estimate

PROBLEM AREAS

Please indicate above any behavioral issues you would like addressed in class. For some examples click here: >

<input type="text"/>	<input type="text"/>	<input type="text"/>
Has your dog (i) bitten you or anyone else?	(ii) snapped or growled at you or anyone else?	(iii) have any health issues that may impact training?

If you answered "Yes" to any of these questions please elaborate in the "Notes" section overleaf.

SCHOOL RECORD

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Course	School and/or instructor	Semester	Year YYYY

Please indicate above the most recent courses your dog has successfully completed - indicate prerequisite course if a requirement.

Class Registration Form



Your dog deserves a great owner
Swansea Dog Obedience Club
info@swanseadog.com
swanseadog.com
416.233.7633

Postal address:
Swansea c/o The Registrar
2154 Primate Road
Mississauga, Ontario
L4Y1V4

Indoor Training Hall
St. Matthew's Anglican Church
3962 Bloor Street West
Etobicoke, Ontario
M9B 1M3

Swansea Dog Obedience Club
is a non-profit member run
organization incorporated 1974.
We look forward to seeing you
and your dog at our classes.

ADDITIONAL INFO

NOTES

Additional information/concerns about your dog goes in the box above.

TUITION PAYABLE

Tuition payable

Tuition payment method

Bank e-transfer password

ACKNOWLEDGEMENT

RELEASE - Swansea Dog Obedience Club

- By checking this box the undersigned handler or legal guardian hereby release(s) any and all claims or causes of action which they now have or may in the future have against the Swansea Dog Obedience Club, its members, trainers, sponsors, assistants, volunteers, and any or all persons, corporations or organizations which own, lease, or permit the Swansea Dog Obedience Club to use any lands or premises for any purpose.
- I am over 18 years of age and have read and understood the release above.
- I am a parent or legal guardian for the applicant who is under 18 years of age.

Name of parent or legal guardian (if applicable)

Signature of handler or legal guardian

ATTACHMENTS

- I have attached copies or scans of the following required vaccination/titer certificates or to my application:**
Rabies, Canine Distemper/Infectious Hepatitis, Respiratory Disease Complex (Para influenza), Enteric Disease Complex (Para/Corona) vaccinations.

PLEASE NOTE: Incomplete applications may be returned with applicants losing queue position. Please complete a unique registration form for each class and/or dog.