

**PHILADELPHIA DOG TRAINING CLUB**  
*A non-profit organization founded in 1938*  
MEMBER: AMERICAN KENNEL CLUB  
MEMBER: PENNSYLVANIA FEDERATION OF DOG CLUBS

**APPLICATION FOR THE 8 WEEKS OF BASIC BEGINNER COURSE OF TRAINING**

**NOTE: Puppies must be at least 4 months old on the starting date of class.  
Immunization records are required at start of class.**

Beginners' Classes meet on Thursday evenings at 6:30 PM and at 7:30 PM. A new class begins approximately every 4 weeks at alternating times. The course is 8 weeks in duration. The course fee is \$145.00 for the 8 weeks payable to PDTC. **Student & Dog Profiles must accompany this application for processing.** Mail to: D. Koch 3725 Woodland Av. Drexel Hill, PA 19026

**Training Director: Barbara Doering :: Instructor: Paulette McBride**  
*Classes are held at St. Aloysius Academy*  
**401 S. Bryn Mawr Ave. Bryn Mawr, PA 19010**

Owner' Name: \_\_\_\_\_ Home #: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ Work #: (    ) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell #: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed/Mix: \_\_\_\_\_

Age of Dog: \_\_\_\_years \_\_\_\_months Sex of Dog: Male / Female

How did you learn of the Beginners Course? \_\_\_\_\_

**For questions and upcoming starting dates, please call Philadelphia Dog Training Club, Inc at  
610-853-9601 or visit our website at [www.philadelphiadogtraining.org](http://www.philadelphiadogtraining.org).**

Indicate your preferred starting dates and times below:

1<sup>st</sup> choice: \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_

**WAIVER**

I certify that I have no current or pending disciplinary actions with the American Kennel Club and that I will abide by the rules and regulations of the Training Classes and Constitution and By-Laws of the Philadelphia Dog Training Club, Inc. (Hereafter PDTC). I waive and release PDTC and Saint Aloysius Academy (SAA), their employees, members, volunteers, and directors from any and all liability of any nature for injury or damage which I or my dog may suffer while attending any training session or other function of this training facility or while on the training grounds or surrounding areas. Upon acceptance of my application I agree to indemnify and hold harmless PDTC and SAA, their employees, members, volunteers and directors from any and all claims of injury or damage by any member of my family or any other person accompanying me to any training session or function of this training facility or while on the training grounds or the surrounding area. I hereby give PDTC permission to use my name & any photograph of me and or my dog in any way it deems appropriate for informational and training purposes relating to PDTC activities. Such use by PDTC includes, but is not limited to, use in its newsletter or any other publications, use in newspaper or magazine articles about PDTC, use in videos or on web pages or internet sites for training or informational purposes concerning PDTC, or use in any other written or non-written informational materials concerning PDTC and its activities.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

ALL ITEMS MUST BE COMPLETED, FORM SIGNED & PAYMENT RECEIVED FOR REGISTRATION TO BE PROCESSED. REFUNDS  
PRIOR TO STARTING DATE ARE SUBJECT TO \$25 PROCESSING FEE.

# **PHILADELPHIA DOG TRAINING CLUB**

## **STUDENT PROFILE**

The class instructor reviews profiles prior to the starting date in order to help meet the needs and expectations of each individual participant. Please complete the profile as accurately as possible. Return it with your application.

Owner's Name: \_\_\_\_\_ Puppy/Dog's Name \_\_\_\_\_ Age \_\_\_\_\_

Contact #: \_\_\_\_\_ Email: \_\_\_\_\_

Is Puppy/Dog Spayed/Neutered \_\_\_\_\_ At what age was dog spayed/neutered \_\_\_\_\_

Breed/ Mix \_\_\_\_\_ How long have you had the dog? \_\_\_\_\_

1. List all household members:

# of adults \_\_\_\_\_ # of Children/ Ages \_\_\_\_\_

# of other pets \_\_\_\_\_ Pet types/ Ages \_\_\_\_\_

2. Dog was acquired from: (Please circle): Breeder/ Kennel / Rescue Shelter/ Pet Store/ Other \_\_\_\_\_

3. Have you previously owned a dog? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Have you attended a dog obedience class before? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", Where \_\_\_\_\_

5. Have you ever competed with a dog in obedience events? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", have you ever completed an obedience title with a dog? Yes \_\_\_\_\_ No \_\_\_\_\_

6. What do you want to accomplish in this class? \_\_\_\_\_

7. List commands your puppy/dog will currently obey, if any: \_\_\_\_\_

8. What do you like best about your puppy/dog? \_\_\_\_\_

9. On a typical day, indicate the percentage of time your dog is:

Indoors \_\_\_\_\_% Outdoors \_\_\_\_\_% Without people \_\_\_\_\_%

10. Do you currently use the training method of crating your dog? Yes \_\_\_\_\_ No \_\_\_\_\_

11. Do you have a fenced yard? Yes \_\_\_\_\_ No \_\_\_\_\_

12. What is your primary method of exercising your dog? \_\_\_\_\_

13. Please circle all the words below that describe your dog: Shy – Fearful - Bites People - Bites other animals - Aggressive - Growls – Pushy – Destructive - Noisy – Calm – Obedient – Protective - Excessive Energy - Excessive Barking Other \_\_\_\_\_

14. Please use the rest of this form to provide the instructor with any additional information about your puppy or dog that may be important to help meet your goals for participation in this class.

**THIS PROFILE MUST BE COMPLETED AND SENT WITH YOUR APPLICATION AND CLASS FEE**