



Application for Growly Dog 2.0 Class

Owner's Name(s) _____

Address - Street _____

City _____ St _____ Zip _____

Phones - Evening _____ Daytime _____ Cell _____

Email _____

Dog's Name _____ Sex _____

Breed _____ Spayed/Neutered? _____ When? _____

Date of Birth _____ Age when acquired _____

Where did you get dog? Breeder _____ Rescue _____ Pet Store _____ Other _____

Dog's Veterinarian _____

Are there other dogs in the household? _____ If yes, please list below their breed, age, sex and whether or not they are spayed/neutered.

When ON LEASH, what does your dog do when he/she sees another dog? Check all that apply and at what distance in feet each occurs:

Growls _____ Snaps _____ Bites (give two most recent dates) _____

Barks _____ Wags tail and greets person _____ Ignores _____

Hides behind owner/retreats _____ Lunges _____

Other _____

How many times a week does your dog play off-leash with one or more dogs?

_____ Where? _____

Has your dog ever been in a dog fight? _____ Was either dog hurt? _____

Did either dog go to the vet? _____

What does your dog do when it sees or meets a stranger? (Check all that apply.)

Growls _____ Snaps _____ Bites _____

Barks _____ Wags tail and greets person _____

Ignores _____ Hides behind owner/retreats _____

Lunges _____ Other _____

How many times has your dog bitten a person? _____ Did the bite break the skin? _____

Did the person see a doctor as a result of the bite? _____

Have you taken classes with your dog before or are you working with a private trainer? If so, please list the classes taken, where and when _____

PLEASE READ AND SIGN THE FOLLOWING

General Agreement: In consideration of the acceptance of this registration and the holding of classes, and the opportunity to have the dog participate, I agree to hold Alfild Winder and the Training Facility and any and all members or persons in the building or grounds, harmless from any claim of loss or injury which may be alleged to have been caused directly or indirectly by any of the above mentioned while on this property. I personally assume all responsibility and liability for any such claim and agree to hold the above-mentioned parties harmless from any claim for loss of my dog by theft, death, accident, injury or otherwise alleged to be caused by the negligence of above mentioned. I hereby assume the sole responsibility for and agree to indemnify and save the above mentioned parties harmless from any and all loss and expenses, including legal fees, by reason of the liability imposed by law upon any of the aforementioned parties for damage and expenses.

Signature _____ Date _____

**Please mail a check for the class fee made out to Alfild Winder
6204 Windward Place, Bethesda, MD 20816**

You will not be enrolled until your application and payment have been received.

Come When Called Dog Training & Behavior Counseling
Email comewhencalled@verizon.net Cell: 301-928-6066 Land: 301-229-2302
Website: www.comewhencalled.com