

Agility Class Application (return to 1266 Old Stage Rd., Salinas 93908)

Handler's Name: _____

Address: _____

Email address: _____

Phone #: _____

Days of week and times you could attend a class:

Dog's call name: _____

Breed: _____

Age: _____ Height: _____ Weight: _____ Sex: _____ Neutered? _____

When was the dog last seen by a vet?

The dog is current on the following vaccinations and treatments:

- Rabies
- Flea control
- Bordatella (kennel cough)
- DHLPP/Corona

Does your dog have (or has s/he had in the past) any health problems we should know about? Is s/he on any medication? What and why?

Has your dog had any formal obedience training? How much?

What commands does your dog respond to? (please list)

What percentage of the time does your dog come when called?

Has the dog had previous agility training? Where, when, how much, with whom?

Have you had any previous agility experience separate from your dog? Where, when, how much, with whom?

How did you hear about us?

Why do you want to learn agility?

Agility Class Application

- Compete in USDAA
- Compete in NADAC
- Other
- Compete in AKC
- Have fun

How much time per week outside of class can you devote to training?

List activities your dog enjoys doing:

How would you describe the dog's personality?

Would you say your dog is motivated by food? By toys? By something else? What motivates him/her the most?

Where does the dog sleep? Where is he kept during the day?

What bad habits does your dog have (barks, dog aggressive, chases things, destructive, etc.)?

What sorts of things upset your dog?

How does the dog react to strangers handling him/her?

Has he dog ever bitten anyone? Is so, please describe when this happened and the circumstances surrounding the event:

Has the dog ever been in a fight with another dog? If so, please describe the circumstances and frequency:

Is there anything else we should know about your dog?

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