



Dog Owners' Training Club of Maryland, Inc.
Student and Dog Registration for Training Participation

OWNER/HANDLER: _____ (parent if under 18 yrs) _____

Street address: _____

City, State, Zip : _____

Cell Phone: _____ (do you text? Y/N) (other phone) _____

SIGNATURE (parent if under 18) _____

TELL US ABOUT YOURSELF

Household members: # of adults _____; # of children 13 and older _____; # less than 13 _____

Are there animals in your home besides this dog? (Y/N) If so, what are they and how many: _____

Do you live in (circle one): Apartment, Townhome, Single family home, Other? _____

Exercise for dog: (circle all that apply) Have fenced yard, go to dog park, go for leashed walks, other?

Have you ever attended obedience classes previously? (Y/N) With this dog or different one? _____

Do you or the dog have a physical limitation (including hearing)? (Y/N) If yes, please explain on back.

TELL US ABOUT YOUR DOG

Dog's name: _____ Age: _____ Sex: _____ Spayed/neutered? (Y/N)

Breed or type: _____ When and where did you get this dog? _____

Has this dog had any previous training? If so, where? _____

How would you describe your dog? _____

Is there anything in particular you would like to learn in this class? _____

Are there any current "issues" you are having with your dog? _____

Please return completed form along with copy of dog's rabies certificate and class fee:

Robin Graham, DOTC Registrar 2960 Duvall Road Woodbine, Maryland 21797

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