

DOG OWNERS TRAINING CLUB OF LYNCHBURG, INC.
Serving Central Virginia since 1970

APPLICATION FOR ENROLLMENT IN LEVEL 1

Fall Training Session in 2024 meets on August 27, Sept 3, 10, 17, 24, Oct 1, 8, 15

Class Sessions will meet for 8 weeks on **TUESDAY NIGHTS** at the **BOONSBORO RURITAN BUILDING at 1499 COFFEE RD, Lynchburg**. Classes fill in advance. To insure a place in class, please return this application with payment to Meg McMichael 408 Otterview Road, Forest VA 24551-2906 434-525-8685 M_mcmichael@mindspring.com
Reservations will be accepted in the order in which they are received. You will be notified by email when your payment has been received. Your payment will be returned if the class has filled.

With this application, please send **a copy of your current veterinarian records**, showing the dates of any shots that your puppy has had. Puppies older than 4 months must have a rabies shot (VA law).

The **Level 1 class fee is \$120**. This fee is neither refundable nor transferable. **If your dog was adopted from a local Humane Society or a rescue organization, enclose some proof of adoption to be eligible for a \$20 discount!**

Please enclose full payment of \$120 (or \$100 if applicable) – payable to DOTC. Class time: 7-8 PM

Call name of dog _____ Sex _____ Neutered/Spayed? _____

Breed _____ Birth date _____

If dog is a combination of breeds, please describe weight and height: _____

Registered name (if any)

Name of owner _____

****Name of one person** who will be training the dog in class: _____

Age of trainer if below age 18 _____ (Must be at least 10 years old)

Minors **MUST** have Parent or Guardian sign: _____

Address _____

City _____ State _____ Zip _____

Email: _____

Phone (home) _____ Cell Phone _____

Work Phone and hours if we may call you there _____

Has the trainer ever attended any other training courses for dogs? _____

I certify that I am the actual ADULT OWNER of this dog, or that I am the DULY AUTHORIZED AGENT OF THE ACTUAL OWNER whose name has been entered above. In consideration of the acceptance of this application, I (we) agree to abide by the training guidelines of this Club in effect at this time, and further agree to be bound by the AGREEMENT printed on the reverse side of this application. I (we) certify and represent that the dog entered is NOT A HAZARD TO PERSONS OR OTHER DOGS. This application is submitted for acceptance on the foregoing representation and agreement, and must be SIGNED BY AN ADULT.

Signature of Adult Owner or Agent _____ Date _____

State address and phone number if different from above.

Be sure to answer the questions on the back of the form.

Please do not write below this line.

Immunization (Expiration Dates)

Rabies _____ DHP-P _____

Paid in Full \$ _____ Date _____

AGREEMENT

I (we) agree that the Dog Owners Training Club of Lynchburg holding this training class has the right to refuse this application for cause which the club shall deem to be sufficient. In consideration of the acceptance of this application, I (we) agree to hold this club and the Boonsboro Ruritan Club, its members, directors, officers, instructors, and any employees of the aforementioned parties, harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of this dog while in or upon the training premises or grounds or near any entrance thereto, and I (we) further agree to hold the aforementioned parties harmless from any claim for loss of this dog by disappearance, theft, damage, or injury to the dog, whether such loss, disappearance, theft, damage, or injury be caused or alleged to be caused by the negligence of the club or any of the parties aforementioned, or by the negligence of any other cause or causes.

I (we) further agree that it is my (our) responsibility to ascertain that this dog is physically sound and free from any condition that would prevent or limit its participation in this class.

Attendance at a dog obedience class is not without risk to you, members of your family, guests or your dog, because some of the dogs to which you may be exposed may be unpredictable, even when handled with the greatest of care. By signing the above agreement, you are waiving DOTC, BRC and their members or volunteers from any liability for damage, injury or loss that you, your family, guest or dog may suffer.

Dogs that present a threat to other dogs, handlers or instructors or that consistently disrupt the proper training environment will be asked to discontinue the class and their fee will be refunded on a prorated basis. Such a decision will be made by the instructors and/or the Training Director(s).

How did you learn of these classes? _____

Where did you get this dog? _____

How old was the dog when you got him? _____

Why did you get this dog? _____

Why do you want to train this dog?

_____ to make it a better companion _____ possible competition
_____ need more control other:

Is this dog aggressive toward people? _____ toward other dogs? _____

Has your dog curled his lip, growled at or bitten a family member or anyone else? _____

Please explain:

Check all that apply: This dog...

_____ is a house dog _____ stays in the basement
_____ stays in an outside pen or kennel _____ is chained or tied out
_____ stays in a fenced yard _____ stays in unfenced yard
_____ runs free unsupervised _____ runs free when supervised

Please describe your dog by checking as many as may apply.

_____ is friendly to new people _____ doesn't like new people _____ is calm _____ is excitable
_____ is friendly to new dogs _____ doesn't like new dogs _____ gets car sick
_____ is timid and shy _____ is outgoing _____ is not housebroken
_____ jumps up on people _____ pulls on the leash _____ bites and mouths people's hands

Do **YOU** have any disabilities or medical conditions that may affect your training?

Does **YOUR DOG** have any medical/physical problems that may affect training?

Anything else we should know?