

INSTRUCTOR'S INFORMATION SHEET

Instructor _____

Return to AADTC Registrar, 2370 EAST STADIUM BLVD #365, ANN ARBOR, MI 48104

Please complete and return for all dogs in KPT, BEGINNERS I & II, Agility, Flyball, Tracking, or any class not listed on other side of form! This form must accompany registration form, and check.

HANDLER

NAME _____ AGE (if under 18) ___ (Min. age is 16, without special Permission)

Address _____ E-mail address: _____

City _____ State _____ ZIP _____ Phone () _____ (H) () _____ (W)

DOG

CALL NAME _____ AGE (when class begins) _____ SEX _____

BREED * _____ (if puppy) DATE OF BIRTH _____

* If mixed breed, give approx. weight and height and possible breed combination:

Previous formal training of this dog? (List classes, instructors, dates and places):

TRY TO CLASSIFY YOUR DOG'S PERSONALITY (check any that apply):

- Friendly, outgoing Quiet, unmotivated
- Initially wary of strangers Aggressive toward people (inclined to snap)
- Hyperactive Aggressive toward dogs (inclined to fight)
- Timid Reserved
- Anxious or fearful (please describe) _____

SPECIFIC PROBLEMS YOU ARE ENCOUNTERING

- Difficult to control on leash Not housebroken Won't come when called
- Runs away if loose Plays too rough Dominant with children
- Noisy (barking/whining) Very distractible Growls
- Never settles down Resentful of discipline Chews
- Jumps on people Difficult to motivate

Dislikes or fears: Strangers Other dogs Children Dislikes or fears Loud Noises
Other _____

Is there anything else we should know about your dog and you? (The more we know, the better we can help.)

Has your dog ever bitten or snapped at a person or another dog? Yes No.

If yes, please describe circumstances (when, why, frequency, severity) on a separate sheet of paper and enclose with your registration materials. Has your dog has been in classes without incident since? Yes No

What would you like to gain *most of all* from this course?

ALL AGILITY CLASSES (Please complete in addition to the above info)

Has your dog done any jumping YES/NO What height? _____

Does your dog have a reliable, off lead, response to being called? Yes No

Does your dog "Down" on command? Yes No

Does your dog object to being handled anywhere on his body? If so, where? _____

What exposure or experience have you had to Agility training. (Seen on TV, or in person, taken clinic or class, etc.) _____

What is your reason for taking agility? _____

What is your skill level in agility? _____

What special performance difficulties or problems are you and your dog having? _____

INSTRUCTOR'S INFORMATION SHEET

Instructor _____

Return to AADTC Registrar, 2370 EAST STADIUM BLVD #365, ANN ARBOR, MI 48104

Please complete and return for **all** dogs in **Competition Obedience Classes**. **This form must accompany registration form, and check.**

HANDLER

NAME _____
Permission)

AGE (if under 18) ___ (Min. age is 16, without special

Address: _____

E-mail address: _____

City _____ State ___ ZIP _____

PHONE (____) _____ (H) (____) _____ (W)

DOG

CALL NAME _____

AGE (when class begins) _____ SEX _____

BREED _____

(IF PUPPY) DATE OF BIRTH _____

(If mixed, size and guess at parents)

Previous formal training of this dog (list classes, instructors, dates, place, titles, legs) _____

Previous formal training of other dogs (List titles or legs)

SPECIFIC PROBLEMS

_____ Difficult to motivate _____ Previously "turned off" _____ Exceptionally soft _____ Tough
_____ Problems with other dogs _____ Splits off lead _____ Lacks self confidence _____ Overly eager
Other: _____

**** HAS YOUR DOG EVER BITTEN OR SNAPPED AT ANOTHER DOG OR PERSON _____ *****

Please explain circumstances and frequency. _____

What do you expect from this course? What is your ultimate goal in the obedience ring?

Do you expect to show soon? _____

If you are in Novice/Open Practice class: which level(s) __NOVICE __OPEN

____ **MORE THAN ONE DOG** (please complete one instructor's sheet for each dog)

GENERAL EXERCISES

Attention: _____ Sniffing _____ Easily distracted in general _____ In the ring
Heeling: _____ Wide _____ Erratic _____ Crowds _____ Lags _____ Forges
About Turns: _____ Slow _____ Wide _____ Crowds
Sits: _____ Poor _____ No Sits _____ Dog does not know 'sit' in heel position
Off-Lead: _____ Poor on sits _____ On heeling _____ On about-turns
Stand for Exam: _____ Anxious _____ Moves feet _____ Moves away or sits
Recall: _____ Anticipates _____ Doesn't come on first command _____ Comes slowly
_____ Poor front _____ Poor finish _____ Will not stay on sit
Stays: _____ Breaks sit _____ Breaks down _____ Sniffs _____ Whines
_____ Shifts position _____ Interferes with other dogs

OPEN EXERCISES

Retrieve problems: _____

Drop Problems: _____

Jumping problems: _____

UTILITY EXERCISES

Signal problems: _____

Article problems: _____ Stops working _____ Tastes _____ Refuses to take article
_____ Works slowly _____ Generally unsure

Glove problems: _____

Go-Out problems: _____

Return Registration Form and Instructor Info with check to AADTC Registrar, 2370 East Stadium Blvd. #365, Ann Arbor, MI 48104 Need more forms? Go to www.aadtc.org

For Registrar's Use Only

Payment _____ Check # /Bank _____ Member _____ Non-Member _____ Current Student _____
Date Rec'd _____ Date Processed _____ Refund _____ Return _____ Prev. Wait List _____ Put on Wait List _____

AADTC REGISTRATION FORM

Incomplete forms will be returned. Copy both forms for multiple dogs OR multiple classes/dog.*

Print, clearly, include ZIP and Area Code

() *I do not wish to enroll at this time, but please keep me on the mailing list.*

_____ **MINIMUM AGE IS 16**
Handler's Name _____ Handler's Age if under 18 _____

_____ Dog's Name _____ Breed _____
Street Address _____

_____ Sex _____ Date of Birth _____
City, _____ State ZIP CODE _____

E-mail address (PRINT CLEARLY) _____

Phone: Home () _____ Work () _____

If you are a former or current student of the Ann Arbor Dog Training Club, please indicate the most recent class attended:
Class Level: _____ Term/Year: _____ Instructor: _____

Class Choice: List all sections you are able to attend in order of preference.

	Section	Class level/ title	Day/Time	Instructor
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

_____ **I will attend Agility Screening. (Please be on time. Students who fail to come to screening and have not indicated this to the registrar will be dropped.)**

Do not detach.
NON-MEMBER TRAINEE HOLD HARMLESS AGREEMENT

**This form must be signed by you in order to train your dog at the Ann Arbor Dog Training Club.
Your registration cannot be processed without your signature.
You will need to sign a similar form on your health card when your place in a class is confirmed.**

IN CONSIDERATION of my being accepted as a non-member trainee of the Ann Arbor Dog Training Club,
I do hereby release and discharge the Ann Arbor Dog Training Club, its officers, members, and non-member trainees from any and all actions, claims, and demands for, upon, or by reason of damage, loss or injury which heretofore have been or which hereafter may be sustained by my person or property in consequence of my attending classes or other events sponsored by the above-named club and its members.

It is further agreed and understood that my acceptance as a non-member trainee is not to be construed as an admission on the part of said club, its officers, members and trainees of any liability in consequence of any accident or occurrence.

_____ Date _____ Signature*

*If trainee is under 18 years of age, this form must be signed by parent or guardian.