



3524 Laporte Road 🐾 Morrisville, VT 05661 🐾 Phone: 802.888.5065 x116
Fax: 802.888.4408 🐾 E-Mail: adopt@ncal.com 🐾 Web: www.ncal.com

APPLICATION FOR COURSES

- Course Requested:**
- Puppy Kindergarten
 - Basic Obedience & Manners (6:15 pm class)
 - Basic Obedience & Manners (7:30 pm class)

Course Start Date: *(Please indicate first and second choices, as classes fill rapidly.)*

First Choice Start Date: Day of Week _____ Date _____ Time _____

Second Choice Start Date: Day of Week _____ Date _____ Time _____

Cost: All 6 week courses are \$100. NCAL dogs are \$90 for a 6 week course.

🐾 Please include full payment or a \$25 deposit with application to reserve your spot. Thank You! 🐾

Name of Owner: _____ (as you want it on your
your Graduation Certificate)

Mailing Address: _____

Town: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-mail address: _____

Dog's Name: _____ Breed(s) _____

Dog's Age: _____ Sex: _____ Male _____ Neutered?

_____ Female _____ Spayed?

Is your dog an NCAL dog? No Yes When did you adopt? _____

Vaccine Information: *All dogs must be vaccinated for Distemper, Parvo and Rabies.*

Puppies must be started on their Distemper/Parvo series to attend class.

***** Please include copy of Proof of Vaccinations or Current Titers with application and fees *****

OR Bring copy with you to the first class.

Name of Animal Hospital: _____

Date of last Annual Distemper/Parvo vaccination (or titer): _____

Date of last Rabies vaccination: _____ 1-year 3-year

🐾 Please complete page 2 of this form and SIGN it. Thank you! 🐾



APPLICATION FOR COURSES (continued)

How did you hear about our training program? _____

Where did you get your dog? _____

Have you trained a dog before? Yes No If so, when? _____

Where did you do your training? _____

Please check areas of concern:

- | | | |
|--|--|--|
| <input type="checkbox"/> Barking | <input type="checkbox"/> Chewing | <input type="checkbox"/> Jumping up on people |
| <input type="checkbox"/> House soiling | <input type="checkbox"/> Nipping, biting | <input type="checkbox"/> Not coming |
| <input type="checkbox"/> Growling | <input type="checkbox"/> Leash walking | <input type="checkbox"/> Pushy with other dogs |
| <input type="checkbox"/> Afraid of kids | <input type="checkbox"/> Afraid of men | <input type="checkbox"/> Afraid of other dogs |
| <input type="checkbox"/> Other-Please explain: _____ | | |

What are your goals for this class?

I understand and agree that North Country Animal League shall not be liable for any injury or damage to any person, animal or property that results from the training or behavior of my pet. I also understand and agree that any child under the age of 16 must be accompanied by an adult. I further agree that North Country Animal League and its employees shall not be held liable for any costs or expenses incurred as a result of my pet's participation in the program.

(Signature) (Date)

 **WE LOOK FORWARD TO SEEING YOU IN CLASS!** 

FOR OFFICE USE ONLY

Start Date: _____ Date verified: _____

Payment amount received: \$ _____ Type: Check Cash Credit Card

Vaccinations/Titers Checked: Distemper/Parvo Rabies