



## TRAINING CLASS APPLICATION FORM

### Select Which Class You Would Like to Attend

- Please Say Please Training Class - \$85
- CGC/Intro to Therapy Class - \$85

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### Your Contact Information

Handler Name (First and Last): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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### Tell Us About Your Dog

Dog Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Spayed/Neutered: \_\_\_\_\_ Yes \_\_\_\_\_ No

Vet or Clinic Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is your dog up to date on shots? \_\_\_\_\_ Yes \_\_\_\_\_ No

Where was your dog acquired? \_\_\_\_\_ Shelter/Rescue \_\_\_\_\_ Breeder \_\_\_\_\_ Stray \_\_\_\_\_ Pet Store \_\_\_\_\_ Other

How old when acquired? \_\_\_\_\_

Has this dog attended a training class before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, when and where? \_\_\_\_\_

Have you attended a training class before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, when and where? \_\_\_\_\_

Please tell us your concerns, comments, questions or any other important information about your dog:

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How did you hear about us? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax completed form to 704-332-8010 or email it to [rbrown@humanesocietyofcharlotte.org](mailto:rbrown@humanesocietyofcharlotte.org) to reserve your spot and remit payment to:  
Humane Society of Charlotte, 2700 Toomey Avenue, Charlotte, NC.  
Call 704-377-0534 for questions or additional information.