



SF/SPCA Dog Training Class Registration Form

Guardian's Name:		Phone:	
Address / P.O. Box:			
City:		Zip:	
May we confirm with you via e-mail?		E-mail:	

If you registered at the Adoption Center, you will not need a confirmation.

Dog's Name:		Breed/Breed Type:		Sex:		Spayed/Neutered?	
Age at class:		Date of Birth (est):		Previous Classes with Dog:			
If you adopted your dog at the SF/SPCA or SF/ACC, please complete the following:							
SF/SPCA:		Dog's Shelter ID # (A__)		Adoption Date:			
SF/ACC:		Dog's Shelter ID # (A__)		Adoption Date:			

A copy of your adopted dog's paperwork must be attached to receive a discounted rate for one beginning class only.

If you adopted today, you may skip this section. Otherwise, please answer the following:

1. Check all that apply. What does your dog do when he/she sees another dog?

Barks:		Growls:		Lunges:		Snaps:		Hides:		Ignores:	
Wags tail & greets other dog:			Other:								

2. Has your dog ever growled at anyone?	N		Y		If Yes, please explain:	
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3. Has your dog ever bitten anyone?	N		Y		If Yes, please explain:	
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4. How many times a week does your dog play with other dogs? Circle appropriate number:	0	1-2	3-5	6-7
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PLEASE CHOOSE A FIRST, SECOND, AND THIRD CHOICE CLASS. Enrollment is on a first-come, first-serve basis. You will be registered for the first available class among your choices. Payment must be received prior to the start of class. Enrollment will be confirmed by e-mail, telephone, or at the time of adoption or registration.

1st Choice Class Name:		Day of Week:		Time:		Start Date:	
2nd Choice Class Name:		Day of Week:		Time:		Start Date:	
3rd Choice Class Name:		Day of Week:		Time:		Start Date:	

AGREEMENT

I hereby agree to abide by the rules and policies of the SF/SPCA training classes. I have read and understand the Public Class Policy. I understand that attendance of any of the SF/SPCA dog training classes is not without risk to myself, members of my family, guests who may attend, or to my dog because some of the dogs to which I will be exposed maybe difficult to control and may be the cause of injury even when handled with the greatest amount of care. In consideration of, and as inducement to the acceptance of my application for training membership in this training class, I hereby agree to indemnify and hold harmless the San Francisco SPCA, its officers, directors, instructors, agents, employees and/or representatives of any and all claims, or claims by any member of my family, or accompanying guests of mine of injury, expense, costs or damages to myself, my dog or any handler sponsored by me. In addition, I agree that I will defend and indemnify The SF/SPCA for any injury, expense, costs or damages to any dog handlers or dogs, whether sponsored by me or not, or to third parties arising out of my own actions or the actions of my dog. I have read the above-stated provisions, and agree to accept those responsibilities.

Guardian's Signature:		Date:	
Paid by (check one):			
Check:		Cash:	
		Visa:	
		MC:	
Card #:		Expires:	
		Amount:	
Name on card:			
Would you like to receive periodic e-mail updates from the Behavior & Training Department?			YES! <input type="checkbox"/> No <input type="checkbox"/>
How did you hear about our classes?			

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