Field Of Dreams Dog Training

Return application to:
223 W. Jackson Avenue, Vinton, VA 24179
(540) 314-3861

AGILITY FOR FUN APPLICATION

PLEASE COMPLETE BOTH SIDES OF THIS FORM

NAME					
ADDRESS					
CITY		***STATE***	***VA***	***ZIP CODE***	
PHONE	***(H)***		***(W)***		

E-MAIL ADDRESS:

HOW DID YOU HEAR ABOUT OUR CLASSES?

CLASS:_____AGILITY FOR FUN_____

START DATE: ___Saturday & Sunday, June 11 & 12 @ 2:00_____ ***FEE:*** ____$50_____

Please make checks payable to Field Of Dreams. This fee is not refundable but can be transferred to another class. There will be a $20.00 fee for returned checks.

Field Of Dreams reserves the right to expel any dog from class for aggressive behavior.

DOG'S CALL NAME: _____ ***SEX: M/F*** ***NEUTERED/SPAYED: Y/N***
DOG'S BIRTH DATE: _____ ***BREED:*** _____
REGISTERED NAME (IF ANY): _____

I hereby apply for admission to Field Of Dreams agility training class(es). I understand that I am responsible for my dog's actions at all times and Field Of Dreams reserves the right to dismiss any dog for aggressive or unruly behavior. Furthermore, I will in case of accident, injury or illness, in any way resulting from participation in this class or while on the premises for any other reason, to me, my dog or any member of my family, hold harmless from any liability Field Of Dreams, Saint Francis of Assisi Service Dog Foundation or any instructor or assistant or other persons connected in any way with Field Of Dreams. Furthermore, I will not hold Field Of Dreams or its instructors responsible for any actions of my dog.

_____ _____

Signature *Date*

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. ***Why do you want to train this dog?***
   _____ ***to make it a better companion***
   _____ ***possible competition***
   _____ ***need more control***
   other: _____

2. ***Is this dog aggressive toward people?*** _____ ***toward other dogs?*** _____

3. ***Check all that apply: This dog…***

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

4. ***Please note any additional information that you feel may be of interest to us.***

All dogs taking classes ***MUST*** *have current immunizations.* ***Please mail a copy of your dog(s) current immunizations with your application form.***

Dogs will not be allowed to remain in the training area if immunization records have not been provided. *Your dog(s) should be immunized (in accordance with its age) against Rabies, Distemper, Hepatitis, Leptospirosis, Parainfluenza and Parvovirus. In addition, Field Of Dreams recommends that dogs training be immunized against Coronavirus and Bordetella. Please discuss these options with your veterinarian.*