

Lola's K9 School
 www.Lolask9School.com
 info@Lolask9School.com
 501-745-2054

_____ Paid

_____ Confirmed



Upon submitting application materials, handlers will receive an e-mail or phone confirmation. Classes are limited and fill up on a first come, first serve basis. Class fees cannot be refunded after the first regular class. **Classes are subject to change based on enrollment.** Send in the questionnaire/enrollment application with check payable to Margaret Lola Warren. (I do not accept credit cards at this time)

Class Schedule for 2012

Where classes will meet is yet to be determined.

HANDLER INFORMATION: (please type or print clearly)	
Your Name	
Street Address	
City / State / Zip	
Home Phone	
Cell Phone	
E-Mail Address	

DOG INFORMATION:	
Dog's Name	
Dog's Age	
Dog's Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Is your dog Spayed or Neutered?	(Only relevant for dogs enrolling in Adult Obedience Class) <input type="checkbox"/> No <input type="checkbox"/> Yes
Is your dog a Mixed breed?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Please list two primary breeds if possible:
Is your dog Purebred?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Please list breed:
Date of CURRENT Vaccinations	Rabies_____ Distemper_____ Parvovirus_____ Hepatitis_____ Bordetella*_____
	<small>*Bordetella is highly recommended but optional</small>
Who/Where is your Veterinarian?	Vet's Name_____
	Clinic Name_____
	Phone Number_____

DOG QUESTIONS:	
Has your dog ever demonstrated any of the following:	(check all that apply) <input type="checkbox"/> Growled at you <input type="checkbox"/> Growled at another person <input type="checkbox"/> Snapped at you or another person <input type="checkbox"/> Bitten another dog <input type="checkbox"/> Bitten you or another person <input type="checkbox"/> Tried to fight with another dog
If you checked any of the items above, please describe the location in which the event occurred.	(i.e. in your yard, at your house, at the vet's office, etc.)
Does your dog demonstrate any of the following behaviors in strange places or around unfamiliar people?	(check all that apply) <input type="checkbox"/> Scared / Afraid <input type="checkbox"/> Shy / Withdrawn <input type="checkbox"/> Uncomfortable
Does your dog demonstrate any of the following behaviors with other dogs?	(check all that apply) <input type="checkbox"/> Friendly <input type="checkbox"/> Assertive <input type="checkbox"/> Reserved <input type="checkbox"/> Timid, shy, or fearful <input type="checkbox"/> Outgoing <input type="checkbox"/> Aggressive or hostile
Are you experiencing any of the following problems with your dog?	(check all that apply) <input type="checkbox"/> Barking <input type="checkbox"/> House Breaking <input type="checkbox"/> Digging <input type="checkbox"/> Jumping up on people <input type="checkbox"/> Attitude <input type="checkbox"/> Will not come when called <input type="checkbox"/> Chewing inappropriate items <input type="checkbox"/> Mouthing (your hands/feet) <input type="checkbox"/> Aggression <input type="checkbox"/> Running away <input type="checkbox"/> Other (explain)
List three things that you would like your dog to learn.	1. 2. 3.
List any problems / behaviors that you would like your dog to correct /learn to manage. (To list more, please use the back of this form or another sheet of paper)	1. 2. 3. 4. 5.

**Puppy Basic Training – One hour, once a week, for 5 weeks.
 Beginning Obedience – One hour, once a week, for 9 weeks.**

Class size is limited. Students are selected on a first come, first serve basis. If enough students enroll, a second class may be scheduled.

CLASS INFORMATION:				
Price	Class	Day*	Time*	Please Check ✓
\$80	Puppy Basic Training**	January*	To be announced*	
\$110	Beginning Obedience	January*	To be announced*	

* Exact dates and times will be determined after 5 to 10 students are enrolled. You will be contacted after application materials are received.

** Puppies must be between 8weeks and 6months of age and be current with all their shots. Proof of vaccinations (for puppies and adult dogs) is required.

DO NOT BRING YOUR DOG TO THE FIRST CLASS!!!

IN CONSIDERATION OF THE ACCEPTANCE OF THIS APPLICATION I (we) agree to hold this school, its members, officers, agents and any employees of the aforementioned parties, harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of this dog while in or upon the training premises or grounds or near any entrance thereto, and I (we) personally assume all responsibility. By signing below, I (we) hereby agree to the above and attest that the information provided on this form is true and accurate.

Handler's Signature

Date



Please mail application and check (or money order) payable to “Margaret Lola Warren” to:

**Lola Warren
 636 Roman Road
 Shirley, AR 72153**