



# BEGINNER CLASS INFORMATION AND REGISTRATION



Rev 12/2013

FOR: Dogs 6 months of age or older (Younger dogs with previous formal training will be considered.)  
COST: 100.00 for eight lessons - 1 night per week for 8 weeks includes weekly class handout.

Classes will teach you how to train your dog in basic obedience exercises such as sit, down, stand, stay and come. We will also demonstrate how to teach your dog to walk on a leash through "controlled walking" and will introduce the concepts of heeling with attention, right turns, left turns and about turns. The classes continue to deal with basic socialization and good manners as well as prevention of behavioral problems such as biting, chewing, barking, house soiling and jumping up. Areas of concern to the owners will be discussed. Classes will emphasize motivation as a training tool and teach you to understand your dog and use positive reinforcement for correct behavior. Play techniques will be used to build confidence and a happy attitude in your dog.

Send registration form and \$100.00 to **BLOOMINGTON OBEDIENCE TRAINING CLUB, 8127 Pleasant Avenue South, Bloomington, MN 55420, ATTN: CLASS REGISTRATION DESK.**

**If you have any questions, call BOTC at 952-888-4998  
See our website at [www.botcmn.org](http://www.botcmn.org)**

\*\*\*\* To register for a class, please complete the following\*\*\*\*

Your Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Email \_\_\_\_\_  
 Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_  
 Male or Female (Circle one) Spayed/Neutered (circle one if applicable) Dog's Date of Birth \_\_\_\_\_  
 Where did you hear about BOTC \_\_\_\_\_

**SEE OTHER SIDE**

START DATE OF CLASS	DAY OF WEEK	TIME
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**PROOF OF DISTEMPER AND PARVO VACCINATIONS IS REQUIRED THE FIRST NIGHT OF CLASS. TO "SPEED UP" REGISTRATION THE FIRST NIGHT, PLEASE ENCLOSE A COPY OF YOUR DOG'S MEDICAL RECORDS WHEN YOU RETURN THIS FORM**

**Do not bring your dog for the first class**

**OFFICE USE ONLY**

Amount Received \_\_\_\_\_  
 Check Number \_\_\_\_\_  
 Date \_\_\_\_\_  
 Amount Due \_\_\_\_\_  
 Confirmation postcard sent \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**OFFICE USE ONLY**

**VACCINATION INFORMATION**

Vet Clinic \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Vaccination \_\_\_\_\_ Date \_\_\_\_\_  
 Vaccination \_\_\_\_\_ Date \_\_\_\_\_  
 Vaccination \_\_\_\_\_ Date \_\_\_\_\_  
 Comments \_\_\_\_\_  
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