

# UPPER OHIO VALLEY OBEDIENCE TRAINING CLUB

[www.uovotc.org](http://www.uovotc.org)

Mailing Address:  
PO Box 76  
Bellaire, OH 43906



Training Location:  
56490 Key Bellaire RD.  
Bellaire, OH 43906

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Dear Prospective Trainer:5

Welcome to the Upper Ohio Valley Obedience Training Club! UOVOTC is a non-profit organization. The objective of our program is to provide quality instruction in dog obedience training to the general public. We specialize in training dogs to behave appropriately as pets at home and in the community, and we train for the obedience and rally show rings. We do not accept aggressive dogs, or those that have serious or threatening behavior problems.

We believe in the use of positive training techniques. Most dogs respond very well to praise and treats, and we encourage the use of these methods. Training should be a rewarding and enjoyable experience for both the handler and the dog. We will teach you how to work with your dog to cultivate a sense of teamwork that will bring great satisfaction to you as well as to your dog.

UOVOTC classes are divided into skill levels. We begin with Puppy Kindergarten for dogs under five months old. Basic One is for beginners, and more advanced classes are offered as dog and handler teams achieve mastery of skills. You will be assigned to the appropriate class based on information you give us in your application packet. Each class term begins with an orientation, and classes meet once per week for six weeks thereafter.

The class instructors are all members of the Upper Ohio Valley Obedience Training Club and are volunteers. Each teacher has had extensive experience as a trainer and has completed instruction in teaching you how to train your dog. Every teacher will gladly answer your questions and address your concerns about your dog.

If you have any questions, please call one of the Training Committee members. We look forward to working with you.

Sincerely,

UOVOTC Training Committee

Linda Cornell @ 304-312-5844, Sue Abraham @ 304-547-0037, Sherri Clendenin @ 740 676-0245,  
Jean Ramsey @ 740-425-3350, Donna Wilburn @ 304-845-7065  
Phone number at the training building is 740-671-8531 (not for class inquiries).

*Please note that no refunds will be honored once a class session has begun.*

**Happiness is an obedience trained dog. Watch and see!**

# Upper Ohio Valley Obedience Training Club

## Class Registration Form for First Time Students

<p><b>Owner Information:</b> <i>(please complete and return all forms included)</i></p> <p>Date: _____</p> <p>Name: _____</p> <p>Address: Street: _____</p> <p style="margin-left: 150px;">City: _____ State: ____ Zip: _____</p> <p>Phone: Home: _____ Cell: _____ Work: _____</p> <p>Email: _____</p> <p>Name of Handler: _____</p> <p>Age (if under 18) _____</p> <p>I would prefer a class during the ____ DAY ____ EVENING. (Please check one.)</p> <p>Please check any day of the week that you <b>would NOT</b> be able to attend:          ____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____ Saturday</p> <p style="text-align: center;"><b>IMPORTANT!</b></p> <p>* Have you signed the Training Agreement? (on the back of this form) <b>Agreement must be signed as a condition of acceptance of this application.</b></p> <p>* Is your payment included? <b>Payment in full (\$60.00) must be received with the application. Also please note that no refunds will be honored once our class sessions have begun.</b></p>	<p><b>How did you learn about UOVOTC?</b></p> <p>Advertisement in: _____</p> <p>Breeder (name:): _____</p> <p>Groomer (name:): _____</p> <p>UOVOTC member: _____</p> <p>Vet (name:): _____</p> <p>Website: _____</p> <p>Other: _____</p>
<p>Applicant: Do not write in this box. For UOVOTC use only.</p>	
<p>Name of person reviewing this application: _____</p> <p>Proof of Vaccination: _____</p> <p>Class Assignment: ____ Puppies ____ Basic I ____ Basic II ____ Beyond Basic ____ Advanced</p> <p>Day of Week and Instructor: _____</p> <p>Payment: _____ Check (check number: ) _____ Cash (Amt. Rec.) _____</p> <p><b>Reminder: Give receipt!</b> White (give to applicant) Yellow (attach to payment, then place in Treasurer's collection bag) Pink (remains in book) Fee is \$60.00</p> <p>Receipt number: _____</p>	

**TRAINING AGREEMENT**  
**(MUST BE SIGNED AS A CONDITION OF ACCEPTANCE OF THIS APPLICATION!!)**

*I understand that attendance of a dog obedience, conformation, or agility training class is not without risk to myself, members of my family, guests who may attend, or my dog, because of some dogs which I will be exposed may be difficult to control and may be the cause of injury, even when handled with the greatest amount of care.*

*I hereby waive and release **THE UPPER OHIO VALLEY OBEDIENCE TRAINING CLUB** hereinafter referred to as the "Training Organization," its employees, officers, members, and agents from any and all liability of any nature, for injury or damage which I or my dog may suffer, including specifically, but without limitation, any injury or damage resulting from the action of any dog, and I expressly assume the risk of such damage or injury while attending any training session, or any other function of the Training Organization, or while on the training grounds or surrounding area thereto.*

*In consideration of and as inducement of the acceptance of my application for training membership by this Training Organization, I hereby agree to indemnify and hold harmless the Training Organization, its employees, officers, members, and agents from any and all claims, or claims by any member of any family or any other person accompanying me to any training session or function to the Training Organization or while on the grounds or the surrounding area thereto as a result of any action by any dog, including my own.*

<b>SIGNATURE OF OWNER OR AUTHORIZED AGENT</b> <i>(In case of a minor, a parent or legal guardian must sign)</i>		
Name of Owner: _____		
Address: _____		
City: _____	State: _____	Zip: _____
_____ Signature of Owner or Authorized Agent		_____ Date

<b>WAG-N-TRAIN</b> 56490 Key-Bellaire Road Bellaire, Ohio 43906	
<i>I waive my rights to assert any claim for loss, cost injury or damages against the Owner(s) of Wag-N-Train and/or the Upper Ohio Valley Obedience Training Club, their officers, agents, trustees, directors, employees, and members, present or future, arising from, related to, or in any way connected with the Upper Ohio Valley Obedience Club's use of the Wag-N-Train 56490 Key-Bellaire Road, Bellaire, Ohio for dog training classes.</i>	
Signature of Owner: _____	
Date: _____	

Your completed application with payment (\$60.00) will help ensure your place in class.

**Make checks payable to:**  
**Upper Ohio Valley Obedience Training Club (UOVOTC)**  
**\*\* The cost of one session (6-weeks) is \$60.00 \*\***

Send check and completed application to:

**Upper Ohio Valley Obedience Training Club**  
PO Box 76 - Bellaire, OH 43906

Any questions – Please call:

Linda Cornell @ 304-312-5844, Sue Abraham @ 304-547-0037, Sherri Clendenin @ 740-676-0245,  
Jean Ramsey @ 740-425-3350, Donna Wilburn @ 304-845-7065  
Phone number at the training building is 740-671-8531 (not for class inquiries).

# BEHAVIOR PROFILE

HANDLER'S NAME: \_\_\_\_\_ DOG'S NAME: \_\_\_\_\_

BREED: \_\_\_\_\_ DOG'S SEX:  Male  Female AGE: \_\_\_\_\_

## SECTION I:

1. Why did you become a dog owner? \_\_\_\_\_
2. How old was your dog when you got it? \_\_\_\_\_
3. Where did you get your dog? (Breeder, shelter, pet shot, etc.) \_\_\_\_\_
4. If you got your dog from a breeder, was the litter puppy temperament tested?  Yes  No
5. If the litter was temperament tested, how did your puppy score? \_\_\_\_\_

## SECTION II:

1. Have you owned a dog before this one?  Yes  No
2. If you answered yes to #1, do you still own that dog or dogs?  Yes  No
3. If not, What happened to your dog(s)? \_\_\_\_\_  
\_\_\_\_\_

## SECTION III:

1. Has your dog had any training?  Yes  No
2. If yes, please explain type of training and where. \_\_\_\_\_  
\_\_\_\_\_
3. Why Did you decide to take an obedience class? \_\_\_\_\_
4. What do you want most to learn? \_\_\_\_\_  
\_\_\_\_\_
5. Why did you choose the obedience class offered by the Upper Ohio Valley Obedience Training Club?  
\_\_\_\_\_

## SECTION IV:

1. Please check any problems you have with your dog:  
 Chewing on furniture  Chewing on shoes/clothes  Barking  Biting  
 Chasing Kids/bikes/cars/joggers  Jumping on people  Housebreaking  Digging  
Other – Please explain: \_\_\_\_\_  
\_\_\_\_\_
2. Has your dog ever bitten anyone – if yes please explain the situation. \_\_\_\_\_  
\_\_\_\_\_

3. Has your dog ever bitten another dog – if yes please explain the situation. \_\_\_\_\_  
\_\_\_\_\_

**SECTION V:** *(Information will be kept confidential)*

Please list any health problems that you have that might affect training your dog.

\_\_\_\_\_  
\_\_\_\_\_

**SECTION VI:**

Please list your dog's health history. (Example Vet's name, shot records, any illnesses your dog has had)

1. Vet's Name: \_\_\_\_\_

2. Illnesses/shot records: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SECTION VII:**

Please list any information you feel would be beneficial to us in order to help you train your dog. Please list specific problems you are having with your dog. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SECTION VII:**

Please note your dog's daily routine.

1. Where does your dog sleep? \_\_\_\_\_

2. Who usually feeds your dog? \_\_\_\_\_

3. Has your dog ever growled when some came near its food? \_\_\_\_\_

4. What type of dog food do you feed and how often? \_\_\_\_\_

\_\_\_\_\_

5. Please check the type of games and/or activities you participate in with y our dog?

Ball       Taking Walks       Tug of War       Hide and Seek       Wrestling with dog

Other – please explain: \_\_\_\_\_

Any other pertinent information and/or comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_