



# West Fargo Dog Obedience School

The West Fargo Park District offers dog obedience training in 8 wk sessions at the Veterans Memorial Arena on Wednesdays. For more information call the park office at 433-5361, or visit wfparcs.org

**Location:** Veterans Memorial Arena Community Room  
1201 7<sup>th</sup> Ave. E. West Fargo

**Cost:** All classes \$50      2<sup>nd</sup> dog \$25

## Class descriptions:

### 1) Puppy Kindergarten/7 weeks - 5 months

-Basic obedience steps: walk, sit, down, stay & come - health & nutrition

### 2) Beginner/5 months and older

-Basic obedience commands such as heel, sit, down, come, stand & stay

### 3) Advanced Beginners/must complete Beginners

-Distraction training & hand signals - obey off leash, retrieve & do tricks

### 4) Novice/ must complete Advanced Beginners



## What to Bring:

1. Dog with shots - Distemper, Parvo, and Bordetella
2. Collar and leash

## **PLEASE CHECK CLASS ATTENDING – Classes will be held on Tuesdays for 8 weeks**

\_\_\_ Nov 1, 8, 15, 22, 29 Dec 6, 13, 20 (Session 2)

\_\_\_ Jan 3, 10, 17, 24, 31 Feb 7, 14, 21 (Session 3)

## **PLEASE CHECK CLASS ATTENDING:**

\_\_\_ 5:30-6:30pm      Novice/Advanced Beginners

\_\_\_ 6:30-7:30pm      Puppy Kindergarten

\_\_\_ 7:30-8:30pm      Beginners

**\*\*Classes meet on Tuesdays for 8 weeks.**

## **I understand and agree that:**

I am entering this activity at my own risk and assume all risk & responsibility for injuries my dog or I may incur or cause as a direct or indirect result of my participation. I for myself, heirs and executors, also agree not to hold any or all participating sponsors, the West Fargo Park District, supporters or the directors, employees and agents of such parties responsible for any claims. I verify that I have full knowledge of the risks involved in this activity and my dog and I are fit to participate in.

I also realize that the West Fargo Park District does not carry medical or accident insurance for my dog, myself, or participants of this activity. The WF Park District suggests that I review my family's health insurance plan to be sure it provides sufficient coverage.

Name (*sign*) \_\_\_\_\_ Date \_\_\_\_\_

Name (*print*) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

## **Payment Method**

(Registration not complete w/o payment)

\_\_\_ Check or Money Order

**\*Payable to West Fargo Park District**

\_\_\_ Visa \_\_\_ Master Card \_\_\_ Discover

Card Holder's Name \_\_\_\_\_ Expire Date \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Signature \_\_\_\_\_

Return To: **West Fargo Park District**  
**500 13<sup>th</sup> Ave. West P.O. Box 762**  
**West Fargo, ND 58078**  
**Ph # 701-433-5360 Fax: 701-433-5369**