

K-W Kennel Club

Application for Training Classes

Owner/Handler Information

Name: _____

E-mail Address: _____

Address: _____

Phone: _____

City: _____

Postal Code: _____

Dog Information

Call Name: _____

Breed: _____

Sex: Female Male

Registered: Yes No

Date of Birth: _____ / _____ / _____
DAY MONTH YEAR

Class Information

Type of Class: _____

Day: _____

Start Date: _____

Time: _____

Have you trained a dog before? NO Yes (please state when & where) _____

How did you learn of our classes? Newspaper Recommendation Yellow Pages Web Page
 Previous Student Other: _____

Are you having any particular problems now, such as shyness, aggression or biting? Use the back of this form if necessary.

NOTE: All dogs must have received vaccinations within the last twelve (12) months.

WRITTEN PROOF OF VACCINATION FROM YOUR VET MUST BE SHOWN.

I hereby waive all claims for any loss or damage, which my dog or I may suffer while attending the classes or the training course.

I hereby agree to indemnify the K-W Kennel Club, its officers and agents from any claims arising from conduct or actions of my dog.

Signature of Applicant: _____

Date: _____

If applicant is a minor, then a parent or legal guardian must sign.

THIS PART TO BE USED BY K-W KENNEL CLUB ONLY

Date Application Received: _____

Vaccination Shown: Yes No

Amount Received: _____

Cash Cheque Bank