



# 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