

KEY CITY KENNEL CLUB TRAINING APPLICATION

PLEASE PRINT

Handler's name _____

Address _____

City & Zip Code _____

Phone _____ E-mail _____

Register me for _____ Class on _____ (date/day) at _____ (time)

My second choice is _____ (date/day) at _____ (time)

Dog's name _____ Date of Birth _____ Breed _____

Male Neutered Female Spayed Vet/Clinic _____

Rabies Vaccination Due _____ Distemper/Parvo Combo Vaccination Due _____

(State law allows us only to require rabies vaccination for dogs over 16 weeks of age.. Participation in a class situation involves the possibility of exposure to both disease (distemper, kennel cough, etc.) and parasites (worms, fleas). To protect your dog, please make certain it has received all vaccinations appropriate for its age and that it is free from parasites, both internal and external.)

Has the dog ever bitten anyone? Yes No If so please describe when this happened and the circumstances on backside.

Has the dog ever been in a fight with another dog? Yes No If so, please describe circumstances and how many on backside.

Has this dog had prior obedience training? Yes No Where? _____

Has this handler ever taken an obedience training class before with another dog?

Where? _____ When _____ What level of training was achieved? _____

How did you hear about KCKC training classes: _____

I understand that there will be no refund of fees unless the class I'm registering for is filled or if requested in writing at least two weeks prior to the class start date.

I agree that the Key City Kennel Club, its instructors, assistants and members are providing a service to my dog and me, that they are assisting us in good faith, and that they provide safe equipment in a proper environment for dog training. I agree to hold harmless the Key City Kennel Club, its officers, instructors, assistants, members and agents for any injury, sickness, or adversity that may come to me or to my dog as a result of our participation in dog training classes sponsored by the Key City Kennel Club.

Handler's Signature: _____ Date _____

Parental Signature (for handler over 16 but under 18 years of age.) _____

Return this application, a check made out to KCKC for the appropriate fee, and a copy of your dog's rabies certificate to:

**Key City Kennel Club
Lori Espeland, Training Director
PO Box 231
Truman, MN 56088**