

KULIGA DOG TRAINING CLUB: PUPPPY & OBEDIENCE CLASS REGISTRATION FORM

For class descriptions, dates, and times, see: www.kuligadtc.com

Name of Class (e.g., Beginners Obedience):		Day of week and Starting Date:	
Your First Name:		Your Last Name:	
Street Address			
City:		State:	Zip:
Home Phone:		Cell:	
Email:			
Dog's Name:		Dog's DOB (MM/YYYY):	
Breed (if mix, specify of what, as far as you know):		Sex: Male Female	Spayed/Neutered? Yes No
Is this the first dog you have trained? Yes No		How long have you owned this dog?	
Do you have particular behaviors/skills you want help with?			
<p>If you are mailing this application, enclose a (nonreturnable) copy of your dog's most recent vaccination record. We require up to date vaccinations for DHLPP, Parvo, and Rabies. We also recommend vaccination against Bordetella (Kennel Cough) as a precaution. (For Puppy Kindergarten, consult your instructor.)</p>			
Vaccination records (check one): <input type="checkbox"/> Are enclosed <input type="checkbox"/> Are on file at Kuliga <input type="checkbox"/> Will be brought to first class			
<p>WAIVER: I understand that participation in a dog training class is not without risk to myself, members of my family, or my guests who may attend, or to my dog(s); and that some of the dogs, which I (we) will be exposed to, may be difficult to control or may be the cause of injury even when handled with the greatest of care. I hereby release Kuliga Dog Training Club, Inc., its employees, officers, members, and agents from any and all liability of any nature, for injury or damage which I, my dog, family members or guests 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 any such damage or injury while attending any training or other function of the Club, or while at the training facility or the surrounding area. I further release from the same liability the owners, employees and agents of the facility at which classes are held.</p>			
Signature of owner or person applying for training		Date	Signature of parent if applicant is under 18
<p>Mail your completed application with vaccination record and a check for the appropriate amount to: Kuliga Dog Training Club, c/o Nancy Johnson, 3442 Manor Hill Dr, Cincinnati, OH 45220 Phone: 513-703-3897</p>			

Class confirmation will be provided by email or phone when your application and payment have been received. If you have questions, contact Nancy Johnson at 513-703-3897, or email: kuligadtc@yahoo.com

Coordinator Use: Date received _____, complete with vet record and payment _____