

MUSKOKA DISTRICT



KENNEL CLUB INC.

CLASS REGISTRATION FORM

OBEDIENCE – puppy obedience/socialization ___ beginner level 1 ___ level 2 ___

AGILITY – beginner ___ intermediate ___ advanced ___

OTHER _____

OWNER'S NAME: _____

PHONE #: _____ e-mail: _____

DOG'S NAME: _____ breed: _____

Age of dog: _____ Male: _____ neutered: _____ Female: _____ spayed: _____

Did you get your dog from? Breeder _____ Rescue _____ OSPCA _____

Have you owned a dog before? _____ trained before _____

Are there any health concerns for your dog? _____

Does your dog have issues with? Men _____ Women _____ Kids _____ dogs _____ (this enables us to help you with other issues besides basic training)

- 1) I understand that I am to pay the full fee in advance and there will be NO REFUNDS (full or partial), in the case that I fail to attend any or all of the classes.
- 2) NSF cheques will be an additional \$25.00 charge.
- 3) I agree to accept praise and constructive criticism from the trainers during classes and to follow the methods suggested therein. I further agree, that if my dog shows aggression towards dogs or people it shall be muzzled at the request of the trainers.
- 4) I agree to assume all risks of personal injury, property loss or damage from any cause whatsoever which may arise while attending these classes. I waive all claims against the Muskoka District Kennel Club and its' volunteers on my own behalf and on behalf of anyone else attending with my dog.
- 5) Proof of current vaccination must be presented prior to attending the first class.

(This information is collected in accordance with Section 28(2) of the Freedom of Information and Protection of Privacy Act, 1989. The information collected is to be used solely for the purposes of the administration of this program.)

Date: _____ Signature: _____

(if under 18, Parent or Guardian)

MDKC use Only:

<u>OBEDIENCE:</u> Puppy _____ Beginner 1 _____ Beginner 2 _____ Class time _____ Date _____	<u>RALLY:</u> Novice _____ Advanced _____ Excellent _____ Class time _____ Date _____	<u>AGILITY:</u> Beginner _____ Intermediate _____ Advanced _____ Class time _____ Date _____	<u>OTHER:</u> Class time _____ Date _____	<u>Vaccination Certificate</u> _____ <u>Amt. Paid</u> \$ _____ Cash _____ cheq _____
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