



3440 Torrey Road, Flint, MI 48507
APPLICATION FOR TRAINING

Class: Beginning Date:

Name: Breed of Dog:

Address: Dog's Call Name:

City: Zip: Veterinarian:

Phone: Vaccination Record

E-Mail: Bordatella expires:

Age of the Dog: Sex: M F Neutered/Spayed DHL expires:

Parvo/Coronavirus expires: Rabies expires: Heartworm Check:

How did you hear about our classes?

- Former/Current Student
Facebook/social media
Veterinarian
Kennel/Groomer
Other - please list

AGREEMENT TO HOLD HARMLESS, WAIVER AND ASSUMPTION OF RISK

I understand that attendance of a dog obedience training class is not without risk to myself, members of my family or guests who may attend, or my dog, because some of the dogs to which I will be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care.

I hereby waive and release the Companion Dog Training Club of Flint, Michigan, hereinafter referred to as the "Training Organization", and its officers, members and agents from any and all liability of any nature, for injury or damage which I or my dog 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 such damage or injury while attending any training session, or any other function, of the Training Organization, or while in the training grounds or the surrounding area thereto.

In consideration of and as inducement to the acceptance of my application for training, I hereby agree to indemnify and hold harmless this Training Organization from any and all claims as a result of any action by any dog, including my own.

Signature of Owner Date:

Initials of owner: Date:

Initials of owner: Date:

Make checks payable to Companion Dog Training Club or CDTC of Flint

For CDTC Use Only

Class: Amount Paid:

Method: Check/Cash Rec by Vet Certificate: Y / N Shot Record: Y / N