

APPLICATION FOR TRAINING

Class:	Beginning Date:
Name:	Breed of Dog:
Address:	Dog's Call Name:
City: Zip:	Veterinarian:
Phone: ()	Vaccination Record
E-Mail:	
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 StudentFacebook/social mediaVeterinarian	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 with some of the dogs to which I will be exposed may be difficult to control and may be	out risk to myself, members of my family or guests who may attend, or my dog, becaus the cause of injury even when handled with the greatest amount of care.
members and agents from any and all liability of any nature, for injury or damage w	Michigan, hereinafter referred to as the "Training Organization", and its officers, which I or my dog may suffer, including specifically, but without limitation, any injury such damage or injury while attending any training session, or any other function, of thereto.
In consideration of and as inducement to the acceptance of my application. Organization from any and all claims as a result of any action by any dog, including	on for training, I hereby agree to indemnify and hold harmless this Training g my own.
Signature of Owner	Date:
Initials of owner:	Date:
Initials of owner:	Date:
Make checks payable to Companion Dog Training Club or CDT	TC of Flint
For CDTC Use Only	
Class: Am	ount Paid:
Method: Check/Cash Rec by	Vet Certificate: Y / N Shot Record: Y / N