



3440 Torrey Road, Flint 48507

www.companiondogtrainingclub.com

APPLICATION FOR TRAINING

DO NOT SEND THIS IN THE MAIL

(Bring this App the first day of class. Must be pre-registered to attend classes)

Class: _____ Beginning Date: _____

Name: _____ Breed of Dog: _____

Address: _____ Dog's Call Name: _____

City: _____ Zip: _____ Veterinarian: _____

Phone: () _____

E-Mail: _____

Vaccination Information

Bordatella suggested _____

DHLP given: _____

Rabies expires: _____

Titers Dates _____

Age of the Dog: _____ Sex: M F Neutered/Spayed

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

Make checks out to: **CDTC**

For CDTC Use Only

Class: _____

Amount Paid: _____

Method: Check/Cash

Rec by _____

Vet Certificate: Y / N

Shot Record: Y / N