



Fond du Lac County Kennel Club
 P. O. Box 935
 N5480 De Neveu Lane, Fond du Lac, WI 54937

TRAINING CLASS APPLICATION

(Please Print)

Obedience: Puppy Basics S.T.A.R. Puppy Beginner Intermediate Advanced
 Agility: Beginner Intermediate Advanced

H A N D L E R	_____ (____) _____ - _____ Handler Name Phone Number	
	_____ Address _____ City _____ State _____ Zip Code	
	_____ (____) _____ - _____ Phone _____ Email Address	

D O G	_____ Breed _____ Call Name _____ Age _____ Height _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Yes <input type="checkbox"/> No Spayed/Neutered
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M O R E I N F O	_____ Previous Training Classes
	_____ Training Goals
	How long have you owned this puppy/dog? _____ <input type="checkbox"/> Mo <input type="checkbox"/> Yrs; Is this puppy/dog a rescue? <input type="checkbox"/> Yes <input type="checkbox"/> No Training Concerns: <input type="checkbox"/> Yes <input type="checkbox"/> No (List on reverse) Behavioral Concerns: <input type="checkbox"/> Yes <input type="checkbox"/> No (List on reverse)
	Do you plan to show in or are you interested in learning about AKC Obedience? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe

A G R E E M E N T	I(We) agree to hold the Fond du Lac County Kennel Club, it's members, Directors, Officers, Trainers or Assistants harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of this dog while in or upon the training premises or grounds or near any entrance thereto. And I(we) further agree to hold the aforementioned parties harmless and from claim for damage or injury caused or alleged to be caused by the negligence of the club or any other person or by any cause or causes.
	AND, as owner/agent of the aforementioned dog, I hereby certify that this dog is under the current care of a licensed veterinarian.
	I also agree to permit any pictures taken of me to be used for FdLCKC business.
	If the dog proves uncontrollable, it may be expelled from the class with a pro-rated refund for remaining classes.
_____ Signature _____ / _____ / 20____ Date	

===== Instructor Complete =====	
Vaccinations: Rabies _____ / _____ / _____ <input type="checkbox"/> Rec'd on <input type="checkbox"/> Due on Distemper _____ / _____ / _____ <input type="checkbox"/> Rec'd on <input type="checkbox"/> Due on	
Intestinal Parasite Screening: _____ / _____ / _____ <input type="checkbox"/> Rec'd on <input type="checkbox"/> Due on Results <input type="checkbox"/> Negative <input type="checkbox"/> Positive	
Fee Received \$ _____ in the form of <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ on _____ / _____ / _____	
Verified By and Fee Received By: _____	

Please list possible training issues:

Please list possible behavioral issues:

