

K9 Country Club & Training Academy

Training Form & Profile

Owner's/Handler's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Home Phone: _____ Work/Cell Phone: _____

Dog's Call Name: _____ Breed (or All-American): _____

Male / Female _____ Spayed / Neutered _____ Age: _____

Training History: _____

Favorite Toy/Treat: _____ Least Favorite Toy/Treat: _____

Personality Traits: _____

I certify that I am the actual owner or duly authorized agent of the actual owner of the animal(s) I train. I personally assume total responsibility for this dog(s) and agree to indemnify and hold harmless the organizer, instructors, property owners, participants, trainers, employees, and insurers of all of these parties from and against any and all expenses, losses, claims, and liabilities of any nature that arise from or incident to the use of equipment and obstacles belonging to or used by the organizers and participants. I understand that my dog(s) and I train at our own risk, and that the above mentioned individuals are not responsible for any accident or injury that might arise from such activity.

I will abide by the constitution and by-laws of K9 Country Club and training Academy

Date: _____ Signed: _____

Date: _____ Sponsor: _____

For office use only:

To be completed by Treasurer only:

Training Fee: \$ _____ Class: _____ Special: _____

Beginning Date: _____

Paid in full: Y N

Paid By: Check# _____ Cash