

Whitewater Valley Dog Training Club, Inc. Class Application

Please indicate which class you plan to attend. If you have any questions regarding the appropriate class for your dog, don't hesitate to give us a call at the number below.

_____ Puppy 1

_____ Family Pet

_____ CGC (Canine Good Citizen)

_____ Therapy Dog (T.D.I.)

Handler's Name _____

Street Address _____

City, State & Zip Code _____

Phone Number/Cell _____ E-mail _____

Dog's Name _____ Age _____ Sex _____

Breed _____

Spayed _____ Neutered _____

(Please note: Female dogs that come into heat during the class session cannot attend class. Also, dogs who exhibit aggressive behavior may be required to wear a muzzle.)

I agree to hold this Club, its members, directors, officers, and the owner or lessor of the premises and any employees of the aforementioned parties, harmless from any claim or loss or injury which may be alleged to have been caused directly or indirectly to any person, thing, or dog while on the obedience premises or grounds. I personally assume all responsibility for any such claims.

Signature (Owner) _____ Date _____

Class Info: All classes run seven (7) weeks and will be held at Springwood Park Pavilion (building at the back of the park). Note: **No dogs attend the first night of Family Pet Class.**

Items needed for class are: six foot leather, nylon, or cotton leash; a buckle, snap, or martingale collar; and a generous supply of small soft treats. Dogs must be current on vaccinations including Bordetella to be accepted into the class. Class fee is \$75.00. Make check payable to:

Whitewater Valley Dog Training Club, Inc.
c/o Kim Phillips
3190 Dale Ave.
Cambridge City, IN 47327

Please mail payment and application with current vaccination records or health certificate to the above address. Any questions? Email John Herig @ rasingoldens@gmail.com. Call anytime 765-277-2042.

(Official use only) Park Dept. form signed _____ Vac Records _____ Paid _____