

# 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                      \_\_\_\_\_ AKC Intro to Rally

\_\_\_\_\_ CGC (Canine Good Citizen)                      \_\_\_\_\_ Therapy Dog (T.D.I.)                      \_\_\_\_\_ AKC Scent Work

Handler's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

Phone Number/Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Dog's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Breed \_\_\_\_\_

Spayed \_\_\_\_\_ Neutered \_\_\_\_\_

Class Info: All classes run seven (7) weeks and will be held at Springwood Park Pavilion (building at the back of the park).

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.

Items needed for class are:

- six-foot leather, nylon, or cotton leash
- a buckle, snap, or martingale collar
- a generous supply of small soft treats
- a water dish and fresh water for your dog
- ***a blanket or dog bed or resting mat (PUPPY CLASS ONLY)***

Dogs must be current on vaccinations including Bordetella to be accepted into the class. Class fee is **\$85.00**. Make check payable to:

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 \_\_\_\_\_

Whitewater Valley Dog Training Club, Inc.  
C/O Carol Sims  
7650 N US Highway 35  
Williamsburg, IN 47393-9749

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

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