

**4RK9's Dog Training Club
Canine Good Citizen Prep Class Form**

Class size is limited to provide ample attention to each handler and dog. Register early!

Web Site: www.4RK9s.com Phone: 319-366-5668

CGC Prep Class Start Date: _____

6 Week Class Fee = \$73.00 – 4RK9's Club Member 25% Discount = \$55.00

Make Checks Payable to: 4RK9's Dog Training Club

Your payment holds your spot in the class. You will be contacted immediately if the class is full.

Bring to class: 6' leather (preferred) leash, lots of soft training treats, water bowl and a positive attitude!

NO Flexi-leads allowed for class training.

Name: _____ Phone(s): _____

Address: _____ City: _____ Zip: _____

*E-Mail: _____ Dog spayed/neutered: _____

Dog's Name: _____ Breed: _____ Sex: _____ DOB: _____

***Most of the instructors would prefer an e-mail address for communication with students pertaining to the class and for class confirmation. Please indicate if you prefer to use the telephone.**

Dog/Handler Profile:

Please list what you'd like to accomplish in this class: _____

Explain the level of dog training you have and the dog that you are bringing to this class: (i.e., what previous classes have you and/or your dog taken. Have you shown in a trial? Do you plan on showing? If so, what and how soon: _____

Your will be reminded approximately one week before the start date of your class via e-mail.

You **MUST** provide a copy of your rabies and distemper vaccination attached to this form (required by law), regardless how many previous classes you have attended at 4RK9's. [If you have a puppy that has began his/her series of vaccinations, but does not have the rabies yet, please include the information to this date and bring a copy of the rabies vaccination certificate before the class lessons complete. Thank You!]

Date of most recent Rabies Vaccination: _____ Due Date: _____

Date of most recent Distemper Vaccination: _____ Due Date: _____

Liability Waiver

I agree by my signature to hold 4RK9's, its members, directors, officers, the owner of the premises used for training, and any party or employee of the aforementioned parties, harmless from any claim or loss which may be alleged to have been caused directly or indirectly to any person, animal or things by this dog while in or upon the premises or near the entrance thereto.

I personally assume all responsibility and liability for any such claim. I further agree to hold aforementioned parties harmless for any such claim for the loss of this dog due to disappearance, theft, damage or injury or any other causes. I am solely responsible for my children's safety and welfare as well as their supervision during the entire time they are present on the training ground

Signature: _____ Date: _____

Mail to this Address ONLY:

**Deanna Lettington – Obedience Coordinator
3700 Old Orchard Road NE
Cedar Rapids IA 52402**