



# 4RK9's Dog Training Club Nosework Class Registration Checklist

[www.4RK9s.com](http://www.4RK9s.com) 319-366-5668

## INSTRUCTIONS

Make sure you remember to:

- Fill out and sign registration form below.
- Include check **PAYABLE TO 4RK9s** for class.
- Include a copy of your latest vaccination certificates for **BOTH** rabies and distemper shots from veterinarian. These records are required by law and you must submit a copy even if you have submitted one for previous classes. For vaccination certificates for puppies, see section below.

Send Registration Information to

Diana Pesek  
4RK9s Nosework Coordinator  
936 20<sup>th</sup> Ave. SW  
Cedar Rapids, IA 52404

Address above is only to send Registration Information

Address for Classes

4RK9s  
910 2<sup>nd</sup> Ave SW  
Cedar Rapids, IA 52404



# 4RK9's Dog Training Club Nosework Class Registration Form

[www.4RK9s.com](http://www.4RK9s.com) 319-366-5668

## INSTRUCTIONS

Complete this form and mail together with a check for the class fee payable to 4RK9s Dog Training Club and copies of vaccination certificates for BOTH rabies and distemper to:

Diana Pesek – 4RK9s Nosework Coordinator  
936 20<sup>th</sup> Ave. SW  
Cedar Rapids, IA 52404

Class size is limited to provide ample attention to each handler and dog. Register early! Your payment will reserve your spot in the class. You will be contacted immediately if the class is full. You will receive a reminder approximately one week prior to the start of your class.

Bring to class: a 6 ft leather (preferred) leash, lots of soft training treats, a water bowl, and a positive attitude! NO FLEXI-LEADS are allowed for class training.

## FEE SCHEDULE

Class	Member Price	Non-Member/Inactive Member Price
6 or 7 Week Class	\$63.75	\$85.00
4 Week Class	\$42.00	\$56.00

Class Title: \_\_\_\_\_ Class Start Date: \_\_\_\_\_

Handler's Name: \_\_\_\_\_ Dog's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ \*E-Mail: \_\_\_\_\_

Breed: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_

What do you hope to accomplish through this class? \_\_\_\_\_

What previous dog training experience do you and/or your dog have (recent classes taken)? \_\_\_\_\_

Have you previously shown in a trial or plan to? If planning to soon, where and when? \_\_\_\_\_

How did you find out about this class? \_\_\_\_\_

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

Please check here if you do not wish to receive email information from the club at the conclusion of this class.

## VACCINATION CERTIFICATES

You MUST provide a copy of your rabies and distemper vaccination together with this form (required by law) regardless of how many previous classes you have attended at 4RK9s.

FOR PUPPIES ENROLLED IN PLAYTIME PUPPY ONLY: If you have a puppy that has begun his/her series of vaccinations, but has not yet received a RABIES vaccination, include the information for the "distemper combo" vaccinations received to date and bring a copy of the remaining vaccination certificates when you receive them from your Veterinarian. Thank you!

Date of Most recent Rabies Vaccination: \_\_\_\_\_ Date Next Due: \_\_\_\_\_

Date of Most recent Distemper Vaccination: \_\_\_\_\_ Date Next Due: \_\_\_\_\_

## 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 grounds.

To the best of my knowledge this dog is free of any contagious or potentially contagious diseases.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_