

4RK9's Dog Training Club Obedience Class Registration Checklist

www.4RK9s.com 319-366-5668

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Make sure	you remembe	r to:
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- ☐ Fill out and sign registration form below.
- ☐ Include payment; either check **PAYABLE TO 4RK9s**, or Class Certificates, or Paypal
- □ Include a copy of your latest vaccination certificates for rabies AND parvo AND distemper shots from veterinarian. If your records are on file with the club, indicate in checkbox on form. Otherwise you must submit a copy even if you have submitted one for previous classes. These records are required by rules of the State of Iowa. For vaccination certificates for puppies, see section below.

Send Registration Information to:

Marie Appel 4RK9s Obedience Coordinator 200 North Oak Street Mechanicsville IA 52306

Address above is only to send Registration Information.

Address for Classes:

4RK9s 910 2nd Ave SW Cedar Rapids, IA 52404

Ways to Fill out Registration

- 1 You can print this blank form and fill it out by hand and sign.
- 2 Some Browsers will let you fill it out while viewing on your computer. Once filled out; print and sign.
- 3 You can download and save and use Adobe Reader to fill out then print and potentially save.



4RK9's Dog Training Club Iowa Animal Welfare License #9437

Obedience Class Registration Form

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 rabies, parvo and distemper to:

> Marie Appel-4RK9s Obedience Coordinator 200 North Oak Street Mechanicsville, IA 52306

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 how, and a positive attitude. NO FLEXI-LEADS are

	-	FEE SCHEDULE					
<u>Class</u> 6 Week Class 4 Week Class		Member Price Non- \$90.00 \$60.00		Member/Inactive Member Price \$120.00 \$80.00			
Class Title:			Class Start Date:				
Handler's Name	:		Dog's Name:				
Street Address:		City:		State: ZIP:			
Phone:	E-Mai	1:					
Most instructors	prefer an e-mail address for	communication with students pert	aining to the class and fo	or class confirmation. Please			
indicate if you re	equire telephone.						
Breed:		DOB:	Sex (M/F):	Spayed/Neutered:			
ls your dog a re	scue? How long have	you had your dog?					
What do you ho	pe to accomplish through this	class?					
What previous d	log training experience do yo	u and/or your dog have (recent cla	asses taken)?				
Please list any f	ood allergies your dog may h	ave.					
How did you find	d out about this class?						
Please check here if you do not wish us to take photos of your dog.							
Please che	ck here if you do not wish to	receive email information from the		f this class.			
		VACCINATION CERTIFIC					
		on file with the club. Otherwise you tether with this form regardless of		of your rabies and distemper ses you have attended at 4RK9s.			
This information	is required by regulations of	the State of Iowa.		•			
include the infor		nbo" vaccinations received to date		et received a RABIES vaccination remaining vaccination certificates			
Date of Most red	cent Rabies Vaccination:		Date Next Due:				
Date of Most red Virus Vaccinatio	cent Distemper and Parvo n:		Date Next Due:				
		LIABILITY WAIVER					
employee of the	aforementioned parties, harr	embers, directors, officers, the ow nless from any claim or loss whicl hile in or upon the premises or ne	n may be alleged to have	d for training, and any party or been caused directly or indirectly			
claim for the loss safety and welfa	s of this dog due to disappea are as well as their supervisio	ility for any such claim. I further a rance, theft, damage or injury or a n during the entire time they are p of any contagious or potentially co	iny other causes. I am so resent on the training gro	olely responsible for my children's			
Signature:				Date:			