

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

www.4RK9s.com 319-366-5668

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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 rabies AND parvo AND distemper shots from veterinarian. These records are required by rules of the State of Iowa and you <u>must submit a copy even if you have submitted one for previous classes</u>.

### Send Registration Information to:

Lou Ann O'Malley 4RK9s Agility Coordinator 4006 Richland Dr. NW Cedar Rapids. Ia 52405

Address above is only to send Registration Information. Address for Classes :

4RK9s 910 2<sup>nd</sup> 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 lowa Animal Welfare License #9437

## Agility 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:

> Lou Ann O'Malley 4RK9s Agility Coordinator 4006 Richland Dr. NW Cedar Rapids. la 52405

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 t	raining.	,								
	<u>Class</u> 6 Week Class 4 Week Class		FEE SCHEDULE  Member Price 3.75 if start before 6/15/2.00 if start before 6/15/2.00		\$120.00 (\$85	.00if start	Member Price before 6/15/22) before 6/15/22)			
Class Title:				Class	Start Date:					
Handler's Name:	Dog's Name:									
Street Address:	City:						ZIP:			
Phone:	E-M									
Most instructors prefer an e-mail address for communication with students pertaining to the class and for class confirmation. Please indicate if you require telephone.										
Breed:		DOB:			Sex (M/F):	Spa	ayed/Neutered:			
What do you hope	e to accomplish through th	is 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?									
Please check	k here if you do not wish to				e conclusion o	f this class	S.			
VACCINATION CERTIFICATES  You MUST provide a copy of your rabies and distemper combo (distemper and parvo) vaccination together with this form regardless of how many previous classes you have attended at 4RK9s. This information is required by regulations of the State of Iowa.										
Date of Most rece	ent Rabies Vaccination:			Date N	lext Due:					
Date of Most rece Virus Vaccination:	ent Distemper and Parvo			Date N	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.										
claim for the loss	me all responsibility and lia of this dog due to disappe e as well as their supervisi	arance, theft	, damage or injury or an	y other c	auses. I am sc	lely respo				
To the best of my knowledge this dog is free of any contagious or potentially contagious diseases.										
Signature:						Date	<u>:</u>			