

4RK9's Dog Training Club Obedience Class Registration Checklist www.4RK9s.com 319-366-5668

INSTRUCTIONS					
Make sure you remember to:					
☐ Fill out and sign registration form below.					
☐ Include check 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 <u>must submit a copy even if you have submitted one for previous classes</u> .					
Send to					
Peggy Freeburg – 4RK9s Obedience Coordinator 1536 Forest Grove Rd SE Cedar Rapids, IA 52403					



4RK9's Dog Training Club Obedience Class Registration Form

www.4RK9s.com 319-366-5668

Non-Member Price

\$85.00

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:

Peggy Freeburg – 4RK9s Obedience Coordinator 1536 Forest Grove Rd SE Cedar Rapids, IA 52403

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.

Class Length

6 or 7 Weeks

FEE SCHEDULE

Member Price

\$63.75

4 V	Veeks	\$36.42		\$48.56	
Class Title:	Class Start Date:				
	Dog's Name:				
Street Address:					
Phone:		*E-Mail:			
		DOB:Sex:_		Spayed/Neutered:	
What do you hope to accomplish the					
What previous dog training experie	nce do you and/or you	r dog have (recent clas	sses taken)?		
Have you previously shown in a tri	al or plan to? If plannir	ng to soon, where and	when?		
How did you find out about this cla	ss?				
*Most instructors prefer an e-mail a indicate if you prefer telephone.	address for communica	tion with students pert	aining to the class and for	class confirmation. Please	
You MUST provide a copy of your previous classes you have attende received a rabies or distemper vac remaining vaccination certificates by	rabies and distemper v d at 4RK9s. If you hav cination, include the inf	re a puppy that has be formation for the vacci	th this form (required by lagun his/her series of vacc	cinations, but has not yet	
Date of Most recent Rabies Vaccin	ation:		Date Next Due:		
Date of Most recent Distemper Vac	ccination:		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 responsibil such claim for the loss of this dog of children's safety and welfare as we	due to disappearance,	theft, damage or injury	or any other causes. I an	n solely responsible for my	
Signature:				Date:	