**I am interested in the class at:** Linda Breck (270) 978-1686/436-2661



**□ 5:30-6:30 pm** Stephanie Spalding (270) 978-2808

Certified Dog Trainers

4Riversk9team@gmail.com P.O. Box 163, Symsonia, KY 42082

www.FourRiversK9Team.org

**Dog Obedience Class Registration Form**

Name of person handling dog\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of other persons attending class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_ Zip code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of dog taking class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth date (Approx.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender\_\_\_\_\_\_\_\_\_\_Spayed/Neutered\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mix or Purebred \_\_\_\_\_\_\_\_\_\_Color/Markings\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vet clinic\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vet’s phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We welcome your family to attend class; however, for your dog’s safety and your children’s safety we request that children coming to class be supervised by another adult and remain outside the immediate training area. Trainers should be at least 16 years old and accompanied by an adult if under 18.

Is your pet aggressive around other dogs or people? YES/ NO

At the sole discretion of the instructors, your dog may be excused from the class because of

aggression toward people or dogs. If excused, a prorated refund will be made.

All trainers and dogs should be ready to begin training at the start of the class at and bring all proper equipment to each class. Please allow time for your dog to relieve itself before the start of the class.

* I have included a check made out to 4 Rivers K9 SAR Team for a donation of $100.00 for this 8 week dog obedience class.
* Please forward this form, check and vaccination records to 4 Rivers K9 Search, Rescue & Recovery Team, at P.O. Box 163, Symsonia, KY 42082.

□ I have included **a copy of my dog’s current vaccination records and understand that my**

**dog must be up to date on Rabies and Parvo/Distemper vaccines in order to participate**

(Kennel Cough vaccination is highly recommended, but not required for class)

□ I am interested in finding out how my dog can become a Search & Rescue dog

* I am interested in finding out how my dog can become a pet therapy dog so they will be welcome in nursing homes, hospitals and schools and would like information about pet therapy testing.

□ I understand that this class is for training purposes and that I will need to work with my dog

outside of class in order to benefit from this class. I will also need to continue working with

my pet after the class is done to keep everything fresh in my pet’s mind. I will not hold 4 Rivers K9,

the instructors, the City of Paris, TN or the park’s department accountable for any injuries or

damages sustained during the course of this class to me, my family or my dog.

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