

**WARREN COUNTY KENNEL CLUB OF OHIO, INC.
TRAINING CLASSES**

(PLEASE PRINT)

PET'S NAME: _____

BREED: _____

AGE: _____

MALE OR FEMALE
(CIRCLE ONE)

VACINATION HISTORY

RABIES VX: _____ DISTEMPER/PARVO: _____

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

HOME TEL: (____) _____ WORK TEL: (____) _____

CELL: (____) _____ *EMAIL: _____

*Will notify for future classes

FEES PAID:	MEMBER	NON-MEMBER
CHECK# _____	CASH	AMOUNT \$ _____

CLASS (CIRCLE ONE)

PUPPY (AGE 3 MONTHS TO 1 YEAR)

CONFIRMATION (FOR BOTH BEGINNERS & DRILLS)

BEGINNER OBEDIENCE

ADVANCED OBEDIENCE

I UNDERSTAND THAT THE WARREN COUNTY KENNEL CLUB OF OHIO, INC AND ITS INSTRUCTORS AND ITS ASSISTANT INSTRUCTORS WILL NOT BE RESPONSIBLE FOR ANY ACCIDENTS AND/OR INJURIES INCURRED TO ANY PERSON OR ANIMAL WHILE TRAVELING TO AND FROM OR PARTICIPATING IN ANY PROGRAMS SPONSORED BY THE WARREN COUNTY KENNEL CLUB OF OHIO, INC.

SIGNATURE: _____ DATE: _____