

THE TOLEDO KENNEL CLUB, INC.

(Member of the American Kennel Club)

P.O. Box 464, 1161 Clarion Avenue, Holland, OH 43528

http://www.toledokennelclub.org

Please bring in or mail this form with payment to the Toledo Kennel Club at the above address.

Please select the desired class below: (Puppy class is three weeks, \$30; all others are six weeks, \$65)

CLASS	TIME	STARTING DATE
_____ Beginners Obedience Class (6 wks., \$65)	_____	_____
_____ Advanced Obedience (6 wks., \$65)	_____	_____
_____ Beginners Agility (6 wks., \$65)	_____	_____
_____ Advanced Agility (6 wks., \$65)	_____	_____
_____ Rally (all levels; 6 wks., \$65)	_____	_____
_____ Puppy Class (3 – 6 mo.; 3 wks., \$30)	_____	_____
_____ Other	_____	_____

Class size, except Puppy, is limited to a maximum of 12 dogs. Dogs must be at least 14 weeks of age. The Toledo Kennel Club reserves the right to cancel any class with fewer than 8 dogs. Refunds will not be made after the first class night.

I, THE OWNER of the dog(s) described below, hereby agree to secure a proper training collar and leash as directed by TKC and to wear proper clothing and shoes for safety to permit effective training of my dog.

I AGREE to provide proof of vaccinations as requested, and understand that my dog may not be admitted to the class without such proof being provided.

FURTHERMORE, I, THE UNDERSIGNED, hereby agree to hold the Toledo Kennel Club, Inc. and its officers, members and instructors hereof harmless from any loss or injury which may occur to any person or dog and/or which may be caused directly or indirectly by any biting by or any other act of the said dog described below, while in, at or near any entrance thereto whether or not said dog is being delivered or otherwise, and personally assume full responsibility and liability therefore for the death or injury of said dog whether by negligence or otherwise.

OWNER'S NAME, ADDRESS, TELEPHONE NUMBER, and EMAIL ADDRESS:

_____ email: _____

_____ tel: _____

SIGNATURE OF OWNER (OR TRAINER IF DIFFERENT) _____

PARENT'S SIGNATURE IF TRAINER IS A MINOR _____

CALL NAME OF DOG _____ SEX _____

BREED _____ DATE OF BIRTH _____

How did you hear of the Toledo Kennel Club classes?

FOR TOLEDO KENNEL CLUB OFFICIAL USE ONLY

Date received _____ Amount of payment _____ Cash _____ Check No. _____ Vaccination date _____

Fecal exam _____ Rabies date _____ Name of Veterinarian _____

TKC member _____