

TRI-COUNTY DOG TRAINING ACADEMY

P.O.Box 584 Marinette, WI 54143

OBEDIENCE CLASS ENROLLMENT FORM

Please bring proof of up to date vaccinations and the results of recent stool exam.

NAME: _____ OVER 18? YES _____ NO _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____

NAME OF DOG: _____

BIRTHDAY: _____ SEX: _____

VETERINARIAN: _____

GOALS: _____

HOW DID YOU HEAR ABOUT US: _____

Tri-County Dog Training Academy reserves the right to excuse any dog that may pose a threat to the safety and well being of others.

In consideration of my participation in the Tri-County Dog Training Academy, I do hereby upon my signature, agree to hold free from any liability, Tri-County Dog Training Academy, and any other sponsor(s) or volunteer(s), and do hereby, for myself, heirs and executors, and administrators waive, release and forever discharge any and all right and claims accrued to me arising out of or connected with my participation. I do hereby declare myself, and canine(s) to be physically sound to participate in the Tri-County Dog Training Academy may subsequently use for publicity and/or promotional purposes, my name and/or picture(s) of my participating in this training without obligation or liability to me.

Date _____ Signature _____

MAKE CHECKS PAYABLE TO: T.C.D.T.A - (TRI-COUNTY DOG TRAINING ACADEMY)

Checks will be deposited the second week of the session you are enrolled in.

Do Not Write Below This Line Please _____ **Do Not Write Below This Line Please**

Class: Puppy

Beginners 1

Beginners 2

Amount \$ _____ .00

Check# _____

Cash _____

Rabies _____

Dhlp/Parvo _____

Fecal Exam _____