



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: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Over 18? _____

Yes _____

No _____

Name of Dog: _____

Breed 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 DURING THE 2ND WEEK OF ENROLLED CLASS

*****PLEASE DO NOT WRITE BELOW THIS LINE*****TO BE COMPLETED BY TCDTA PERSONNEL*****

CLASS:

PUPPY

BEGINNERS 1

BEGINNERS 2

Amount: \$ _____

Check #: _____

Cash: _____

Rabies: _____

Dhlp/Parvo: _____

Fecal Exam: _____