



# PISCATAQUA OBEEDIENCE CLUB, INC.

## APPLICATION FOR TRAINING

Complete this form, read the Agreement, and sign. Make check payable to **P.O.C.** There is a \$25 fee for returned checks.

Please call to hold your space (207-363-2574), and mail form to Sue Walsh, 80 Sam Page Road, Acton, ME. 04001.

You may also save and email this form to Sue at [swtgrsskennel@gmail.com](mailto:swtgrsskennel@gmail.com).

Proof of vaccinations (Distemper, Parvovirus, Adenovirus & Rabies) **must** be included with form and payment. Titters will be accepted in place of Distemper, Parvovirus & Adenovirus.

### Handler Information

Name \_\_\_\_\_

Owner (if different than Handler) \_\_\_\_\_

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

Age (if under 18) \_\_\_\_\_

Phone home cell work \_\_\_\_\_

Phone home cell work \_\_\_\_\_

E-mail \_\_\_\_\_

### Dog Information

Name \_\_\_\_\_

Breed \_\_\_\_\_

Age \_\_\_\_\_

Male Female Neutered Male Spayed Female

Veterinarian \_\_\_\_\_

How long have you owned this dog? \_\_\_\_\_

How did you obtain this dog? \_\_\_\_\_  
\_\_\_\_\_

Class Desired \_\_\_\_\_ Day & Time \_\_\_\_\_

Have you owned a dog before? What breed(s)? \_\_\_\_\_

Have you trained a dog before? *When/Where?* \_\_\_\_\_

How did you learn about our classes? \_\_\_\_\_

Briefly state what you hope to accomplish in this class: \_\_\_\_\_  
\_\_\_\_\_

I understand that attendance at a dog obedience class is not without risk to myself, members of my family, or guests who may attend, because some of the dogs to which I will be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care.

I hereby waive and release the PISCATAQUA OBEEDIENCE CLUB, hereinafter referred to as the "Training Organization," its employees, officers, members, and agents from any and all liability of any nature, for injury or damage which I or my dog may suffer, including specifically, but without limitation, any injury to or damage resulting from the action of any dog, and I expressly assume the risk of such damage or injury while attending any training session, or any other function, of the Training Organization, or while on the training grounds or the surrounding areas thereto.

In consideration of and as an inducement to the acceptance of my application for training membership by this organization, I hereby agree to indemnify and hold harmless this Training Organization, its employees, officers, members, and agents from any and all claims, or claims by any member of my family or any other person accompanying me to any training session or function of the Training Organization, or while on the grounds of the surrounding area thereto as a result of any action by any dog, including my own.

Signature of Owner or Authorized Agent: *(In the case of a minor, a parent or legal guardian must sign.)*

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

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

**POC Use Only**

Vaccinations: _____	Payment: _____	Session: _____
Rabies Due: _____	Deposit: <input type="checkbox"/> Cash <input type="checkbox"/> Check	Class: _____
D/P/A Due: _____	# _____ \$ _____	Day/Time: _____
Checked by: _____	Remainder: <input type="checkbox"/> Cash <input type="checkbox"/> Check	Instructor: _____
File Card Made <input type="checkbox"/>	# _____ \$ _____	