



How did you hear about our classes? _____ Former / Current Student
 _____ Veterinarian
 _____ Kennel / Groomer
 _____ Facebook / social-media
 _____ Other (please list below)

APPLICATION FOR TRAINING

Class: _____

Beginning Date: _____

Name: _____

Breed of Dog: _____

Address: _____

Dogs Name: _____

City/State: _____

Veterinarian: _____

Phone: _____

Vaccination Record (from Veterinarian):

Email: _____

Bordatella Expires: _____

DHL Expires: _____

Age of Dog: _____ Sex: M/F _____

Parvo/Coronavirus Expires: _____

Rabies Expires: _____

Classes dog attended @ CDTC or elsewhere: _____

Please make check payable to "CDTC" or "Companion Dog Training Club".
 Bring payment, application with proof of shots to first class or mail to:

- TUESDAY NIGHT CLASS: Terry Swanson, 2166 Hunter Drive, Lapeer, MI 48446 (810) 614-0424
- WEDNESDAY NIGHT CLASS: Anne Graham, 6206 Scott Road, Mt Morris, MI 48458 (810) 631-6024

AGREEMENT TO HOLD HARMLESS, WAIVER AND ASSUMPTION OF RISK

I understand that attendance of a dog obedience training class is not without risk to myself, members of my family or guests who may attend, or my dog, 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 Companion Dog Training Club of Flint, Michigan, Inc. hereinafter referred to as the "Training Organization", and its 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 or damage resulting from the action of any dogs, 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 in the training grounds or the surrounding area thereto.

In consideration of and as inducement to the acceptance of my application for training, I hereby agree to indemnify and hold harmless this Training Organization from any and all claims as a result of any action by and dog, including my own.

SIGNATURE OF OWNER: _____ DATE: _____

For CDTC Use only:

Amount Paid \$ _____

Method: Check / Cash

Vet Certificate: Y / N

Shot Record Y / N

Received By: _____

club members name