

MOHAWK VALLEY DOG TRAINING CLUB, INC.
OBEDIENCE CLASS REGISTRATION FORM

Date Recv'd _____
Session: _____
Class: _____
Shot Records (dates shots were given)
DHL-PP _____
Rabies _____ 1 yr 3 yr
Class Fee _____
Paid --check# _____
--CASH _____

PLEASE PRINT

PHONE _____
NAME OF PERSON TRAINING DOG _____
STREET _____ CITY _____ STATE _____ ZIP _____

DOGS NAME _____ BREED _____ AGE _____ SEX _____

VET'S NAME _____
DHL SHOT DATE GIVEN _____ RABIES _____ 1YR 3YR

CLASS _____ TIME _____ FEE _____

HELD AT: NEW HARTFORD FIRST UNITED METHODIST CHURCH: PARKING IN THE REAR OF CHURCH.

Do you or your dog have any handicaps? Explain _____

**DOGS WHOSE BEHAVIOR IS DANGEROUS TO OTHER DOGS OR HANDLERS
WILL NOT BE PERMITTED IN CLASS!**

**NO CLASS WILL BE RESERVED UNLESS THIS FORM IS ACCOMPANIED BY PAYMENT IN FULL AND PROOF
OF DOGS CURRENT VACCINATIONS. MAKE CHECKS PAYABLE TO: MVDTC AND ENCLOSE A PHOTOCOPY
OF YOUR DOG'S MOST RECENT DHL, PARVO AND RABIES SHOT RECORDS.**

**MOHAWK VALLEY DOG TRAINING CLUB LIABILITY RELEASE (To be signed by dog's trainer; owner if different
from trainer; if under 18)**

I understand that training a dog is not without risk to my dog in the form of injury, and in consideration of training my dog, I expressly assume this risk, and hereby waive and release the Mohawk Valley Dog Training Club, Inc., its employees, officers, members and agents; New Hartford First Methodist Church (landlord) from any and all liability of any nature for injury or damage my dog may suffer as a result of being trained or of any action in connection therewith.

I also understand that attendance at dog training classes 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 may be exposed may be difficult to control and may be the cause of injury, even when handled with the greatest amount of care. In consideration of training my dog, I expressly assume this risk and hereby waive and release the Mohawk Valley Dog Training Club, Inc., its employees, officers, members and agents; New Hartford First United Methodist Church (landlord) from any and all claims or claims by any member of my family or any other person accompanying me to these training classes as a result of any action by any dog, including my own.

Trainer _____ Owner _____

Sign/date _____ Sign/date _____
Parent or guardian (if Trainer is under 18) _____ Witness Initial _____ Date _____

Print this form, fill it out and mail it with a **check made out to MVDTC**. Please mail this completed form, along with full payment of fee for the class session, to:

**Judy Curtin at 1143 Shoemaker Rd,
Mohawk, NY, 13407**