

OKLAHOMA CITY OBEDIENCE TRAINING CLUB, INC. (942-2388)

Application for enrollment in a Puppy or Beginners class commencing _____
(circle one)

Owner's Name _____

Address _____

City _____ Zip _____

Home/Cell/Work Phone 1 _____ Phone 2 _____

E-mail Address _____

Emergency Contact and Phone _____

Dog's Name _____ Breed _____

Dog's Age _____ Must be 3-6 months for puppy class; over 6 months for beginners.

Trainer's Name _____
(If not owner, only a member of the family, over 12 years of age, living under the same roof).

Circle time requested.

Puppy	Wed. 7:00 PM		Thur. 7:00 PM		
Beginners	Mon. 7:00 PM	Mon. 8:00 PM	Wed. 8:00 PM	Fri. 7:00 PM	Sat 9:00 AM

CLASSES MAY BE CANCELLED DUE TO LACK OF ENROLLMENT

TRAINING FEES: PAYABLE IN ADVANCE

MEMBER / NON-MEMBER FEES	Puppy or Beginners	\$95.00 per 9 week session, per dog
MEMBER REDUCED FEES *	Any class 1st dog	\$70.00 per 9 week session, per dog
MEMBER REDUCED FEES *	Any class, additional Dogs	\$45.00 per 9 week session, per dog

* Must have met requirements

I agree to be bound by the "Agreement" printed on page 2 of this form:

Owner's Signature

Date

REFUND OF TRAINING FEES

A \$5.00 enrollment charge will be deducted from the full refund for any classes, if the refund request is not made at least **7 days** prior to the start of the class. No refunds will be made after the start of the second meeting of the class. In extenuating circumstances, a refund may be authorized at the discretion of the Board upon written request.

APPLICATION AND PAYMENT MUST BE RECEIVED NO LATER THAN ONE WEEK PRIOR TO THE DATE CLASS WILL BEGIN. If mailed, please attach check of money order. Please fill out your part of the application and return with your check or money order made payable to OCOTC (Oklahoma City Obedience Training Club). Please remit to:

OCOTC
attn: Susan McClintick
6629 NW 23rd
Bethany, OK 73008

TO BE RECORDED BY REGISTRAR: Amount received _____ Date _____

AGREEMENT

In consideration of the acceptance of this application, and of the opportunity to train the dog, I (we) agree to hold this club, it's members, directors, training directors, trainers and employees, harmless from any claim for personal loss or injury which may be alleged to have occurred upon the training premises or grounds or near any entrance thereto.

I (we) also agree to hold this club, it's members, directors, training directors, trainers and employees harmless from any claim for loss or injury which may have alleged to have been caused directly or indirectly to any person or thing by the act of this dog while in or upon the training premises or grounds or near any entrance thereto, and I (we) personally assume all responsibility and liability for any such claim; and I (we) further agree to hold the aforementioned parties harmless from any claim for loss of this dog by disappearance, theft, death or otherwise, and from any claim for damage or injury to the dog, whether such loss, disappearance, theft, damage or injury, be caused or alleged to be caused by the negligence of the club or any of the parties aforementioned, or by the negligence of any other person, or by any other cause or causes.

In an effort to prevent the spread of communicable diseases among dogs in training classes it is the policy of the club to require immunizations.

The Board of Directors of the Oklahoma City Obedience Training Club, Inc. requires that dogs with no record of immunizations on file, dogs with no immunizations or otherwise no in compliance with policy not be permitted to attend classes nor to visit the training site. **A BITCH IN SEASON WILL NOT BE PERMITTED TO ATTEND TRAINING CLASSES.**

Please list dates of booster immunizations. If dog's immunizations are too recent to receive 6 months/1year boosters, list dates of first series of immunizations. This record needs to be completed and signed by your veterinarian.

NAME OF OWNER _____

NAME OF DOG _____ BREED _____

I hereby certify that the above named dog was administered annual immunizations as follows:

IMMUNIZATIONS	DATE
Rabies	
Distemper	
Hepatitis	
Leptospirosis	
Parainfluenza	
Parvovirus	

D.V.M. Signature _____

Address _____ Phone _____