



RICHMOND DOG OBEDIENCE CLUB, INC.

TRAINING CLASS REGISTRATION FORM

Member Non-Member

Please Print Clearly

Registration Date: _____

Class Information:

Basic: Freestyle: Puppy: First Class Date: _____ Amt Paid: _____
 CGC: Novice: Utility: Day: _____ Cash:
 Clicker: Open: Other: _____ Time: _____ Check: Ck #: _____

Owner Information (Please Complete in full):

Name: _____ Trainer's Name: _____
 Address: _____ Trainer's Age (if under 18 years): _____
 City/State/Zip: _____ I heard about RDOC from: _____
 Telephone: _____
 Email: _____

Dog Information (Please Complete in full):

Dog's Name: _____	Neutered/Spayed:	Yes	No
Dog's Current Age: _____	Health certificate on file with RDOC (Required):	<input type="checkbox"/>	<input type="checkbox"/>
Breed or Mix: _____	Did you acquire your dog from a rescue group, shelter, or pound?	<input type="checkbox"/>	<input type="checkbox"/>
Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	Are you interested in competing in:		
Is this the dog's first class at RDOC? Yes <input type="checkbox"/> No <input type="checkbox"/>	Obedience Trials?	<input type="checkbox"/>	<input type="checkbox"/>
Has the dog had previous training? Yes <input type="checkbox"/> No <input type="checkbox"/>	Conformation Shows?	<input type="checkbox"/>	<input type="checkbox"/>
Where and what type of training? _____	Veterinarian: _____		

Has your dog ever bitten a person? Yes No If so, was this incident reported to local authorities? Yes No
 Does your dog fight with other dogs? Yes No Which Locality: _____

If the answer to any of the above questions is **YES**, please use the following space to further explain the circumstances:

I, the undersigned, hereby agree that Richmond Dog Obedience Club, Inc. shall not be held responsible for any injury that I or my dog might receive while attending functions sponsored by the Club including obedience classes, training classes, demonstrations and similar activities at or sponsored by the Club; and I hereby waive any and all claims for any such injuries. I further agree to pay for any injury or damage that my dog may do to other animals or persons or property while attending functions sponsored by the Club, including obedience classes, training classes, demonstrations and similar activities at or sponsored by the Club; and I hereby agree to indemnify and save harmless the Richmond Dog Obedience Club, Inc. from any such injury and damage.

I understand that there will be NO REFUNDS issued and only limited transfers permitted.

Signature of Dog Owner: _____

Signature of Dog Trainer: (if different from owner) _____

Signature of Guardian: (if owner/trainer is under 18 years of age) _____

Children must be **at least 12 years** of age to participate in classes at Richmond Dog Obedience Club, Inc.

RDOC Member assisting with this registration: _____