

# ANDERSON OBEDIENCE TRAINING CLUB, INC.

## Training Class Enrollment Form

**Enrollment Date** \_\_\_\_\_

**Date Class Begins** \_\_\_\_\_

Paid \_\_\_\_\_ Balance Due \_\_\_\_\_

### ***Print Clearly***

Dog Owner Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name of person who will handle dog in class \_\_\_\_\_

E-mail address \_\_\_\_\_ St. Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Dogs Name \_\_\_\_\_ Sex M or F \_\_\_\_\_ Dogs Birth Date \_\_\_\_\_

Breed of Dog \_\_\_\_\_ Color \_\_\_\_\_

- Have you even been a member of Anderson Obedience Training Club, Inc. Yes or No
- Have you ever trained a dog? Yes or No. If yes where did you train \_\_\_\_\_
- How did you learn about the classes \_\_\_\_\_

In joining the classes of the Anderson Obedience Training Club, Inc. for the purpose of receiving instruction in dog obedience training, any payment by me shall be considered dues for a five-week probationary membership. I hereby assume all risks and responsibility for accidents and/or damage to myself and/or my property or to others resulting from the actions of my dog. I hereby agree that no instructor, member, officer or director of the Anderson Obedience Training Club, Inc. shall be held liable under any circumstances for injury and/or damage.

**Signature of Enrollee** \_\_\_\_\_

**Parent or guardian Signature if Enrollee is under age 18** \_\_\_\_\_

Paid by Cash \_\_\_\_\_ or Check \_\_\_\_\_ (there will be a \$20.00 charge for all returned checks)

### **Make check payable to Anderson Obedience Training Club, Inc. or AOTC**

- Record of Shots - DHLP Parvo Rabies \_\_\_\_\_
- Kennel Cough Vaccine is strongly Recommended

**May be mailed or bring on first night of class**

**AOTC c/o Patty Sample, Membership Chairman, Treasurer**

6810 W.Ryan Drive

Anderson, IN 46011 765-734-1107