



PUPPY REGISTRATION

Session Dates: _____

Owner's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

E-Mail Address: _____

Breed: _____ Call Name: _____ Age: _____

Please Check Day & Fill In Time: Monday ☐ Tuesday ☐ Class Time: _____

Fee \$145.00 (Non-Club Member) 130.00 (Club Member) per 10-week 30-minute sessions per dog.

Pre-Registration a MUST - APPLICATION MUST BE SIGNED

Requirements	Handlers must be 14 years or older to participate in the adult classes. Dogs MUST be current on all vaccinations. Dogs must be on-leash outside of training class. No Loose unattended dogs. Dogs should be treated with respect. Regular buckle collars are recommended. Any other collar requires permission from your instructor. Appropriate footwear (support, non-skidding soles) is required.
Cleanup	Exercise dogs in designated areas. Scoop all poop thoroughly. Take poop with you or deposit it in an outside receptacle designated for dog poop.
Children	Children not participating in a training class must be under the supervision of an adult at all times. Children must remain in the same room as supervising adult. No running in the building. No playing in the parking area.
Disturbances	Do not leave barking dogs in cars. Barking dogs inside the facility that are disturbing training classes will be required to be removed.
Attendance	Training builds each week on previous training. Participants should attend regularly to benefit from class. They should advise their instructor if they will be absent.
Refunds	After the 1 st class of the session there are NO refunds. Credit will be given for another session if there is an emergency or if your bitch comes in season.

My dog was vaccinated against Rabies and Parvo by: Dr. _____ Date: _____ Tag #: _____

(NOTE: Rabies shots are NOT required for dogs under 4 months of age.)

I have read, understand, and agree to abide by the rules. I understand that failure to conform to the rules can lead to my being barred from class participation by the Catoclin Kennel Club Training Director. I certify that dog(s) participating in training have been immunized against rabies and DHL. Parvo recommended. I further certify that the dog(s) are in good health. I hold the Catoclin Kennel Club and instructors harmless from any and all liability, costs and expenses arising as a result of this activity, including but not limited to, injury or death of dogs, bodily injury or death to any person and damage to property of any kind

Signature: _____ Date: _____
(Parent or legal guardian if a Junior)

Make checks payable to **CATOCTIN KENNEL CLUB** and mail to:
Dawn Buttton, 17301 White Plains Court, Mt Airy, MD 21771