

ANDERSON OBEDIENCE TRAINING CLUB, INC.

ENROLLMENT FORM

BASICE CLASS

KINDERGARTEN PUPPY/STAR PUPPY CLASS

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

CLASSES ARE HELD IN THE INDIANA NATIONAL GUARD ARMORY

125 S SCATTERFIELD RD.

ANDERSON, IN