



Belle-City Kennel Club

Application for Training Class



Class applying for (check one):

Agility Conformation Puppy Rally/Obedience Other _____

Year: 20____ (note: applications must be re-submitted each calendar year and must be completed for each dog)

Please answer **every** question:

Name: _____ Age (if under 18): _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Breed of Dog: _____ Date of Birth: _____ Male or Female (Circle one)

Call Name of Dog: _____ Veterinarian: _____

Health History (diseases, surgeries, spayed, neutered, etc.)

Number of family members living with dog: _____ Ages of children living at home: _____

Please list any other breed of dog(s) or pets living with you: _____

Do you have any physical restrictions or health concerns that your instructor should know about? _____

How long have you had this dog? _____ Is this dog housetrained? _____

Where does dog sleep? Indoors? Outdoors? Garage? Dog bed? Crate/kennel? Family member's bed? Other?

How much and what kind of **daily** exercise does dog receive? _____

Is dog comfortable on a leash? Yes No Is dog fed: on a schedule or "free fed" (food always available)?

Is dog food-possessive? Yes No Is dog possessive of toys or objects? Yes No

Has this dog ever shown aggression toward you or other people? _____

Has this dog ever shown aggression toward other dogs? _____

What was your primary purpose in acquiring this dog? _____

What, if any, specific dog behavior problems would you like to solve? _____

Have you taken **this dog** through a class from Belle-City Kennel Club before? If so, when? _____

How did you learn about these classes? _____

*****Belle-City Kennel Club reserves the right to refuse admittance of any dog into classes or on the training premises*****

As a condition to the acceptance of this application, the Agreement below must be signed

AGREEMENT TO HOLD HARMLESS, WAIVER, AND ASSUMPTION OF RISK

I understand that attendance of a dog training class is not without risk to myself, members of my family, or guests who may attend. Attendance of a dog training class is also not without risk to my dog, because some of the dogs to which I will be exposed to may be difficult to control and may be the cause of injury, even when handled with the greatest amount of care.

In consideration of and as inducement to the acceptance of my application for training classes offered by the Belle-City Kennel Club, I hereby waive and release the Belle-City Kennel Club, its employees, officers, members, and agents from any and all liability of any nature for injury or damage for which I or my dog may suffer, including specifically, but without limitation, any injury or damage resulting from the action of any dog, including my own. I hereby expressly assume the risk of such damage or injury and hereby agree to indemnify and hold harmless the Belle-City Kennel Club, its employees, officers, members, and agents from any and all claims, or claims by any member of any family member, or any other person accompanying me to training sessions or functions offered by the Belle-City Kennel Club, or while on the training grounds or the surrounding area thereto.

Signature of Owner or Authorized Agent (In case of a minor, a parent or legal guardian must sign):

Signature: _____ **Date:** _____

Please fill out address information only if name and/or address is different from information on reverse side.

Address: _____ **City/State/Zip:** _____

DO NOT WRITE IN THIS SPACE

Class Fee: _____ Ck# _____ (or Cash)

Rabies _____ Date Vaccination Expires: _____ Given by: _____

DHPPV _____

Vaccinations checked by: _____ **TOTAL PAID:** \$ _____

Class/Time: _____ _____ Public _____ Club Member

Please mail application, copy of vaccinations, and check payable to: BCKC

Mail To:

**Belle-City Kennel Club
PO Box 396
Smithton, IL 62285**

Or, you may personally hand your BCKC Class Trainer this application, a copy of vaccinations, and the appropriate payment (checks payable to: BCKC)