



# Northern Neck Kennel Club



Please complete this form. Include a copy of your dog's current shot record, a copy of current rabies certificate and your check made out to the NNKC. Cost: \$60.00 for Club Members, \$80.00 for all others. Mail this form and payment to the class instructor.

Name	Name of class
Address	Date & Time of class
Amount of check	Dog's name & breed, DOB
Phone number/email address	Is dog spayed or neutered?
What previous classes have you and your dog attended:	Has your dog ever bitten anyone? Has your dog ever been in a dog fight? Use the back of this form if necessary.

As A Condition to Acceptance of This Class Registration This Agreement Must Be Signed \*Waiver of Liability for Class Participants I understand that attendance at the NNKC class described above is not without risk to myself, members of my family, my guests who may attend, or to my dog; that despite all the dogs appearing healthy and being handled with the greatest amount of care and foresight, dogs are not always predictable and the unexpected may occur. \_\_\_\_\_ (INITIAL) I hold the Northern Neck Kennel Club, its Directors, Instructors, and Northern Neck Partners for Pets, 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. \_\_\_\_\_ (INITIAL) I further understand that participants in classes and their guests are expected to abide by the rules and policies set forth by the Northern Neck Kennel Club and Northern Neck Partners for Pets and agree to abide by those rules and policies. \_\_\_\_\_ (INITIAL) As I am bringing a dog onto the training grounds, I have submitted a veterinarian's statement showing that the dog is current on all required Immunizations and Rabies. I also state that this dog does not, to the best of my knowledge and experience, present a threat to other dogs or persons. \_\_\_\_\_ (INITIAL) Print Your Name: \_\_\_\_\_ (Parent or legal guardian if under 18 years old) Signature \_\_\_\_\_ Date \_\_\_\_\_ (Parent or legal guardian if under 18 years old)

For Club Use Only	Immunization Checked:	Rabies Expiration Date:
-------------------	-----------------------	-------------------------