



NAPA VALLEY DOG TRAINING CLUB, INC.

Training Class Application

Class: (Please indicate class name) _____

Time: (Please select time and indicate AM or PM) _____

Day: (Please indicate day of week) _____

ALL FEES ARE NON-REFUNDABLE. A \$10.00 NSF FEE WILL BE CHARGED ON ALL RETURNED CHECKS.

VERIFICATION OF CURRENT SHOT RECORDS (DHPP AND RABIES) ARE REQUIRED AT THE FIRST CLASS

NAME: _____ PHONE: (____) _____

ADDRESS: _____ CITY _____ ZIP: _____

DOG'S NAME _____ YOUR E-MAIL _____

BREED OF DOG: _____ DOG'S SEX: _____ DOG'S AGE: _____

WHERE DID YOU GET YOUR DOG? (Circle One): Breeder Humane Society Rescue Other

HOW LONG HAVE YOU HAD THIS DOG? _____

YOUR VETERINARIAN'S NAME _____

HAS YOUR DOG EVER BITTEN OR TRIED TO BITE? (Circle One) Animal Person Both Neither

HOW DID YOU HEAR ABOUT OUR CLASSES? _____

IS YOUR DOG A RESCUE? YES (If your dog is a rescue, you are eligible for a one time discount)

ARE YOU A SENIOR CITIZEN (60 & OVER)? YES ARE YOU A JUNIOR HANDLER (10 to 17)? YES

HOW MANY ADDITIONAL CLASSES ARE YOU TAKING THIS SESSION? _____

Would you like to receive email about future NVDTTC classes, workshops, special NVDTTC events & other club information? Yes No

AGREEMENT

I agree to hold the Napa Valley Dog Training Club, Inc., Owner(s) of Property, and/or other Business/Operations, and the Members, Governors, Officers and Employees of the aforementioned parties harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of this dog, myself or my guests, while in or upon the training premises or grounds or near any entrance thereto, and I personally agree to hold the afore-mentioned parties harmless from any claim for loss or damage to me, my guests or this dog by disappearance, theft, injury, death or otherwise, whether such loss, disappearance, theft, injury, death or damage be caused or alleged to be caused by the negligence of any other person, or by any other cause or causes.

Handler's Signature _____ Date _____

Second Person's Name (Printed) _____

Second Person's Signature _____ Date _____

DO NOT WRITE IN THIS BOX- FOR CLUB USE ONLY

SHOT RECORDS: DHPP: _____ RABIES: _____

Amt in Vouchers (if eligible) : _____ Amt in Cash: _____

Processed by _____

Amt by Check: _____ Check # _____ Amt in Discounts (if eligible): _____

Date _____

NOTES: