



TRI COUNTY DOG TRAINING ACADEMY

P.O. Box 584, Marinette, WI 54143



OBEDIENCE CLASS ENROLLMENT FORM

Please bring proof of up-to-date vaccinations and the results of recent stool exam

Name: _____ Over 18? ____ Yes ____ No

A legal guardian must accompany children under the age of 18 at all times.

Address: _____

City: _____ State: _____ Zip: _____ **Class fee is \$65**

Phone: _____ Email: _____

Dog's Name: _____ Sex: _____ Dog's Age: _____

Breed: _____ Veterinarian: _____

Goals: _____

How did you hear about us? _____

Tri-County Dog Training Academy reserves the right to excuse any dog that may pose a threat to the safety and well-being of others.

In consideration of my participation in the Tri-County Dog Training Academy, I do hereby upon my signature, agree to hold free from any liability, Tri-County Dog Training Academy, and any other sponsor(s), or volunteer(s), and do hereby, for myself, heirs and executors, and administrators waive, release and forever discharge any and all right and claims accrued to me arising out of or connected with my participation. I do hereby declare myself, and canine(s) to be physically sound to participate. The Tri-County Dog Training Academy may subsequently use for publicity and/or promotional purposes, my name and/or picture(s) of my participation in this training without obligation or liability to me.

Date: _____ Signature: _____

MAKE CHECKS PAYABLE TO: T.C.D.T.A - (TRI-COUNTY DOG TRAINING ACADEMY)

CHECKS WILL BE DEPOSITED DURING THE 2ND WEEK OF ENROLLED CLASS

FEES ARE NON-REFUNDABLE AFTER THE 2ND WEEK OF ENROLLED CLASS

*****THE FOLLOWING SECTION TO BE COMPLETED BY TCDTA PERSONNEL ONLY*****

CLASS:	Puppy _____	Beginners _____	Advanced _____
Payment Amount:	\$ _____	Check #: _____	Cash: _____
Vaccinations:	Rabies: _____	Dhlp/Parvo: _____	Fecal Exam: _____