



TRI COUNTY DOG TRAINING ACADEMY

P.O. Box 584, Marinette, WI 54143

Obedience Class Enrollment Form Class fee is \$65



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 _____

Preferred Phone: _____ Text Y or N Email: _____

Dog's Name: _____ Sex: M or F Dog's Age: _____

Requested Class: Puppy Beginners 6pm 7pm Advanced

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: TCDTA - (Tri-County Dog Training Academy)

Fees are non-refundable after the 2nd week of enrolled class

Checks will be deposited following the 2nd week of enrolled class

*******The Following Section will be completed by TCDTA Personnel Only*******

CLASS:	Puppy _____	Beginners _____	Advanced _____
Payment:	Amount: _____	Check #: _____	Cash: _____
VACCINATIONS:			
Required	Rabies: _____	Dhlp/Parvo: _____	Fecal Exam: _____
Recommended:	Bordetella: _____		