



CATAWBA VALLEY OBEDIENCE CLUB, INC. (CVOC)

P.O. BOX 3581, HICKORY NC 28603

TRAINING CLASS APPLICATION

PRE-REGISTRATION IS REQUIRED NO LATER THAN 1 WEEK BEFORE CLASS STARTS

DATE: _____ CLASS : BEGINNERS _____ RALLY _____ PUPPY _____ CGC _____ OTHER _____

CLASS FEE PAID: CHECK # _____ or CASH \$ _____

HUMANE SOCIETY DISCOUNT \$ _____

(\$10.00 discount if Humane Society dog was adopted within the past 12 months; please

include copy of adoption record) TOTAL \$ _____

CITY OF HICKORY RESIDENT: YES _____ NO _____

(THE CITY OF HICKORY CHARGES A \$5 FACILITY FEE IF YOU DO NOT LIVE IN THE CITY LIMITS)

REC'D BY _____ ON _____

PLEASE NOTE: DOGS WITH AGGRESSION ISSUES CANNOT ATTEND OUR CLASSES AND WILL BE REFERRED TO A PRIVATE TRAINER. PLEASE CALL THE CLASS INSTRUCTOR FOR BEHAVIOR ASSESSMENT.

Assessment completed by _____ on _____ Approved _____ or Referred _____

OWNER'S NAME: _____

ADDRESS/ ZIP: _____

CONTACT PHONE AND/OR EMAIL: _____

DOG'S NAME: _____ BREED: _____ AGE _____ SEX _____ SPAYED OR NEUTERED _____

AGE DOG WILL BE AT START OF CLASS: _____ AGE WHEN ACQUIRED: _____

DO YOU HAVE ANY PREVIOUS TRAINING EXPERIENCE? IF SO, PLEASE LIST: _____

LIST ANY SPECIAL PROBLEMS REGARDING YOUR DOG (FEARS, DISLIKES, HABITS, ETC.): _____

WHAT DO YOU EXPECT FROM THIS OBEDIENCE CLASS AND WHAT ARE YOUR TRAINING GOALS? (Pet/Companion; Competition, Therapy Work, etc.): _____

HOW DID YOU LEARN ABOUT OUR CLUB? _____

NAME OF PET'S REGULAR VETERINARIAN: _____

*DATE OF LAST VACCINATIONS (Distemper/Parvo): _____

*DATE OF LAST RABIES VACCINATION: _____

*(Please include a copy of your dog's vaccination records – both rabies and other vaccinations given by your vet.)

*(The vaccination record must indicate actual date of vaccinations.) Note: 3-yr vaccination protocol is recognized.

HOLD HARMLESS AND INDEMNIFICATION AGREEMENT/ PHOTOGRAPHY AGREEMENT

AS A CONDITION TO BEING ALLOWED TO TRAIN MY DOG IN THE CVOC SPONSORED TRAINING CLASS , I AGREE TO HOLD HARMLESS THE CVOC, ITS MEMBERS AND TRAINERS FROM ANY LEGAL LIABILITY ARISING OUT OF AND DURING THE COURSE OF THE TRAINING OF MY DOG AT THE TRAINING CLASS. I FURTHER AGREE TO INDEMNIFY (COMPENSATE) , THE CVOC, ITS MEMBERS AND ITS TRAINERS, FOR ANY EXPENSE INCURRED ARISING OUT OF THE TRAINING OF MY DOG AT THIS TRAINING CLASS. TRAINING FEES ARE NOT REFUNDABLE. FURTHER, I HEREBY GRANT PERMISSION TO CVOC FREE USE OF ANY PHOTOGRAPH TAKEN BY CLUB MEMBERS DURING CLUB ACTIVITIES AND/OR THOSE SUBMITTED TO CVOC BY MYSELF. THE PHOTOGRAPHS MAY OR MAY NOT BE POSTED ON THE INTERNET, BULLETIN BOARDS, OR USED IN WHATEVER MANNER CVOC DEEMS NECESSARY. PHOTOS SUBMITTED TO CVOC WILL NOT BE RETURNED. I HAVE READ THE ABOVE AGREEMENT AND UNDERSTAND THESE CONDITIONS.

SIGNATURE _____ DATE _____

APPLICANT OR RESPONSIBLE PARENT/ GUARDIAN IF PERSON TAKING CLASS IS LESS THAN AGE 18: