



KPT(up to 6 Mo). \_\_\_\_\_  
 Beginner \_\_\_\_\_  
 Novice \_\_\_\_\_

**OBEDIENCE CLASS REGISTRATION  
 WEDNESDAY EVENING 7 WEEK COURSE**

VFW  
 69 CAREY AVENUE BUTLER, NJ

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (H) \_\_\_\_\_ E-MAIL \_\_\_\_\_  
 (W) \_\_\_\_\_  
 (CELL) \_\_\_\_\_

DOGS NAME \_\_\_\_\_

BREED \_\_\_\_\_ AGE \_\_\_\_\_

SPAYED /NEUTERED Yes \_\_\_\_\_ No \_\_\_\_\_

Handlers age if under 18 yrs \_\_\_\_\_  
 Please indicate if this is a rescue \_\_\_ or shelter \_\_\_ adoption dog (Proof of adoption required)

PLEASE PROVIDE A COPY OF YOUR PETS IMMUNIZATION RECORD

VETERINARIAN \_\_\_\_\_ PHONE \_\_\_\_\_

Fee for your class is \$ \_\_\_\_\_. **Pre-registration is required with full fee.**  
 Check made payable to Ramapo Kennel Club mailed to: Elaine Barone 10 Birch Road  
 Kinnelon, NJ 07405

EDULE: 7:30-9:30

YOUR CLASS TIME IS:

May 2, 16, 23, 30

PLEASE READ THE FOLLOWING AND SIGN BELOW:

I hereby certify that this dog is in good health, receives regular veterinary care, and has had sufficient immunizations to attend classes with other dogs.

I hereby release the Ramapo Kennel Club, Inc., hereafter called "The Club" its officers, members, employees and agents from any and all liability for injury and damage which I or my dog may suffer while attending a training session of the Club or on property being used by the Club. I further agree to indemnify and hold harmless the Club, its officers, members, employees and agents for any liability for injury to others or damage to property of others including but not limited to dogs while on property being used by the Club for any purpose as a result of any action by me, my agent or my dog.

SIGNATURE OF DOG OWNER OR OWNER'S AGENT: \_\_\_\_\_

FOR CLUB USE: CHECK # \_\_\_\_\_ REC'D \_\_\_\_\_ IMMUN.RECORD REC'D \_\_\_\_\_