



# Scott County Kennel Club • Class Registration

2002 W. River Drive, Davenport, Iowa 52802

(14 blocks west of Centennial Bridge)

*The State of Iowa requires that we obtain proof of shots. Please attach a copy to this form.*

Today's Date: \_\_\_\_\_

### Information about the Person Training the Dog

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about Scott County Kennel Club? \_\_\_\_\_

### Information about the Dog

Name: \_\_\_\_\_ Breed(s): \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Date of Last Rabies Vaccination: \_\_\_\_\_ Date of Last Distemper Booster: \_\_\_\_\_

- Registering for:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Beginner Agility           | <input type="checkbox"/> Agility Foundations   |                                       |
| <input type="checkbox"/> Beginner I Obedience       | <input type="checkbox"/> Beginner II Obedience |                                       |
| <input type="checkbox"/> Intro to Anise/Clove/Birch | <input type="checkbox"/> Nosework I            | <input type="checkbox"/> Nosework II  |
| <input type="checkbox"/> Puppy Kindergarten         | <input type="checkbox"/> Puppy Play Hour       | <input type="checkbox"/> Conformation |
| <input type="checkbox"/> _____                      |  |                                       |

I understand that I will train my dog at my own risk. I agree to keep my dog under control and to clean up after my dog. I understand that should I fail to do so, and especially if my dog is a threat to others, the instructor has the right to ask me to leave the premises for the safety of the other dogs and people present.

Signature of the adult owner(s) of the dog

{OFFICE USE ONLY! Paid: CK# \_\_\_\_\_ CASH \_\_\_\_\_ Shot Record Received: \_\_\_\_\_}