



## 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"/> Agility Foundations	<input type="checkbox"/> Agility Sequences	
<input type="checkbox"/> Beginner I Obedience	<input type="checkbox"/> Beginner II Obedience	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Novice Obedience	<input type="checkbox"/> Open Obedience	<input type="checkbox"/> Utility Obedience
<input type="checkbox"/> Scent Work – Intro	<input type="checkbox"/> Scent Work – Level I	<input type="checkbox"/> Scent Work – Level II
<input type="checkbox"/> Puppy Kindergarten	<input type="checkbox"/> S.T.A.R. Puppy Class	<input type="checkbox"/> Conformation

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: \_\_\_\_\_ }

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[www.scottcountykennelclub.org](http://www.scottcountykennelclub.org) • [scottcountykennelclub@gmail.com](mailto:scottcountykennelclub@gmail.com) • 309-496-2241