

NORTHWEST OBEDIENCE CLUB, INC.

OF SUBURBAN CHICAGO
735 Industrial Drive • Cary, Illinois 60013

CLASS APPLICATION

(ALL CLASSES ARE 8 WEEK SESSIONS)

CLASS START DATE: ____ - ____ - ____ REGISTRATION DEADLINE: ____ - ____ - ____ AMOUNT DUE: \$ _____

NOTE: FULL PAYMENT IS DUE BY THE REGISTRATION DEADLINE TO HOLD YOUR PLACE IN CLASS!

OBEDIENCE CLASSES

- PUPPY Class (10 weeks to 5 months old)
 BEGINNER Class (6 months and older)

ADVANCED OBEDIENCE CLASSES (Note: enrollment in advanced classes is subject to a skills test & instructor evaluation)

- LEVEL 1 Class LEVEL 2 Class LEVEL 3 Class OPEN Class UTILITY Class

AGILITY CLASSES (Note: enrollment in advanced classes is subject to a skills test & instructor evaluation)

- BEGINNERS INTERMEDIATE ADVANCED

FLYBALL CLASSES

- BEGINNERS

OTHER

INFORMATION ABOUT YOU AND YOUR DOG

YOUR NAME: _____ DOG'S CALL NAME _____
ADDRESS: _____ BREED: _____
ZIP: _____ M F SPAYED NEUTERED
PHONE: HOME (____) _____ WORK (____) _____ DOG'S BIRTH DATE: ____ - ____ - ____
BEST TIME WE CAN CONTACT YOU: _____ DOG'S AGE WHEN CLASS STARTS: _____

YOUR DOG'S HEALTH RECORD

MUST BE FILLED OUT AND RETURNED BEFORE THE 1ST NIGHT OF CLASS

DATE OF DOG'S LAST PHYSICAL EXAM? ____ - ____ - ____ DATE DOG'S STOOL WAS CHECKED FOR WORMS: ____ - ____ - ____

DATES INOCULATED AGAINST DHLP-P (1) ____ - ____ - ____ (2) ____ - ____ - ____ (3) ____ - ____ - ____
(Note: For dogs under 1 year of age, there are three inoculation dates for DHLP-P)

RABIES INOCULATION DATE: ____ - ____ - ____ TAG / CERTIFICATE # _____ 1 YEAR? 3 YEAR?

WHAT IS THE NAME OF YOUR VETERINARIAN / ANIMAL HOSPITAL? _____

CITY: _____ STATE: _____ VET'S PHONE NUMBER: (____) _____

**TURN PAGE OVER PLEASE... READ AND SIGN AGREEMENT ON THE BACK
INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED**

— OFFICE USE ONLY —

CLASS: _____ PAYMENT RECEIVED: \$ _____ CASH CHECK # _____
RECEIVED BY: _____ DATE: ____ - ____ - ____
CLASS: _____ PAYMENT RECEIVED: \$ _____ CASH CHECK # _____
RECEIVED BY: _____ DATE: ____ - ____ - ____
CLASS: _____ PAYMENT RECEIVED: \$ _____ CASH CHECK # _____
RECEIVED BY: _____ DATE: ____ - ____ - ____
CLASS: _____ PAYMENT RECEIVED: \$ _____ CASH CHECK # _____
RECEIVED BY: _____ DATE: ____ - ____ - ____

Revised 11 / 30 / 98

TRAINING HALL RULES AND NOCI POLICIES

Application for training must be signed by the person who will handle the dog during classes or parent/guardian in the case of a minor. Minors must be at least fourteen (14) years old by the first day of class. Exceptions are by approval of the Director of Training.

Full Training Fee is required in order to reserve a place in class.

No training fee will be refunded after the first night of class.

NOCI recommends a slip collar for Beginner classes. Only buckle collars are permitted in Puppy classes.

Family members and friends are welcome to watch quietly.

It is your responsibility to keep your dog under control at all times. All dogs must be restrained from barking, whining, growling, or snapping at other dogs or people for any reason. If you need help or instruction in correcting these actions, please ask your instructor or the Director of Training. Dogs which bite, attack, or appear to be threatening to other handlers or their dogs will not be allowed to remain the training hall, unless they are muzzled and have approval from the Director of Training.

STATEMENT OF HEALTH

I hereby swear, attest, and affirm that this animal is currently inoculated against Rabies, DHLPP and all other diseases as required by local ordinance, and that it is free from fleas, worms, communicable parasites and diseases. If at any time I become aware that this animal has contracted any of the above, (or any condition that may pose a health risk), I will immediately inform my class instructor and/or an officer of NOCI.

I further recognize that I have an obligation to all persons who participate in any class and will refrain from bringing any animal onto NOCI property that does not have all required inoculations up to date, or has any parasitic condition, until that condition is no longer a threat. By my signature on this form, I hereby authorize my veterinarian to release information on this dog regarding inoculations, diseases, and communicable parasites to an authorized NOCI representative upon request.

TRAINING AGREEMENT

I hereby apply for training privileges at Northwest Obedience Club, Inc. I agree to conduct myself in accordance with the rules governing training at this facility. I further agree to assume full responsibility for the conduct of my dog while on club property, and release Northwest Obedience Club Inc., from any and all claims, actions, or causes of action arising out of or in connection with training classes or the actions of my dog. I understand that my enrollment fee will NOT be refunded after the first night of class, and there will be NO make-up session or partial refunds should classes be canceled due to circumstance beyond NOCI control (Power outages, etc.). I hereby affirm that I have read and understand and hereby agree to adhere to all conditions and statements contained in this application.

SIGNATURE: _____ DATE: _____