

# DAYTON DOG TRAINING CLUB, INC.

## SCENT WORK REGISTRATION AND RELEASE

**EACH SESSION COSTS \$75.00 FOR NON-MEMBERS (plus a \$10 Supply fee). A SESSION IS MADE UP OF ONE CLASS PER WEEK FOR 6 OR 7 WEEKS WITH EACH CLASS LASTING APPROXIMATELY 1 ½ HOURS**

In joining the Dayton Dog Training Club (DDTC) obedience classes as a student, I hereby assume all risks and responsibilities for the accidents and damage to my property, others, or myself that result from the actions of my dog. No member or instructor of the Dayton Dog Training Club Inc. shall be held liable for injury and/or damage to my person or property, whether due to uncontrolled dogs or negligence of any member or instructor of the Dayton Dog Training Club.

If in any way I am dissatisfied with the obedience/rally instructions, as set forth on the first night of training, I have the option to request reimbursement of the fees paid. However, thereafter the DDTC, having reserved space for both the trainee and dog, is not liable for returning any fee.

I understand that all dogs registered in DDTC classes must have current distemper, hepatitis, and parvo vaccinations and that all dogs over 6 months of age or older must have current rabies vaccination. DDTC also recommends, but does not require, current vaccinations against kennel cough (Bordetella).

My dogs shot records have been turned in for a previous class taken in the past 12 months.

Yes \_\_\_\_\_ You do NOT need to include a copy of your dog's vaccination record.

No \_\_\_\_\_ You need to include a copy of your dog's shot record with this application.

I attest that I have read the information above and agree to all terms of this application. I attest that my dog's vaccination information is correct.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

PLEASE PRINT LEGIBLY OR TYPE THE FOLLOWING INFORMATION.

Handlers Name: \_\_\_\_\_ Member(circle:) Yes No

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ email: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Dog's Age: \_\_\_\_\_ Dog's Sex (Circle) Male Female Is the dog spayed or neutered Yes \_\_\_ No \_\_\_

I am registering this dog for the following class(es):

Please circle the Level(s) your are registering for:      1      2      3      4      5      6      7

Day: \_\_\_\_\_ Time: \_\_\_\_\_

Member \$40    Member with Teaching Certificate \$10    Training Privilege Member \$60    Non-Member \$85

(Scent Work Class prices include a \$10 Supply Fee)

Method of Payment (circle): Cash    Teaching certificate    PayPal \_\_\_\_\_    Check (#) \_\_\_\_\_    Amount: \_\_\_\_\_

Make check or money order out to Dayton Dog Training Club. We do not accept credit cards. Do not send cash by mail. To pay with PayPal, an invoice will be sent to the email above.

Mail with payment to: **Mary Kemphues, Registrar**  
**5093 State Route 503N**  
**Lewisburg, Ohio 45338**

E-Mail: [mkemphues@woh.rr.com](mailto:mkemphues@woh.rr.com)