

SHELBY COUNTY OBEDIENCE CLUB, INC.

PUBLIC CLASS REGISTRATION Class Start Date: _____ Day: _____ Time: _____

PUBLIC BEGINNER OBEDIENCE CONFORMATION
 ADVANCED BEGINNER OTHER: _____

PLEASE PRINT

NAME: _____ HOME PHONE: _____
ADDRESS: _____ CELL PHONE: _____
ZIP: _____ SCOC MEMBER: yes no
DOG'S NAME: _____ DOG SEX: _____
BREED: _____ DOG AGE: _____
VETERINARIAN: _____ SHOT RECORD OK'D BY: _____
E-Mail Address: _____

HOW MANY OTHER DOGS ARE IN YOUR HOUSEHOLD? _____

HANDLER'S PREVIOUS TRAINING EXPERIENCE: _____

REASON(S) FOR ATTENDING THIS CLASS:

BETTER TRAINED PET
 REPEATING CLASS WITH SAME DOG FOR CONTINUED TRAINING
 DOG IS EXHIBITING AGGRESSIVE BEHAVIOR (BITING, ETC.)
 HOUSEHOLD PROBLEMS WITH THE DOG (DESTRUCTIVENESS, BARKING, HOUSE-TRAINING)
 TRAINING FOR AN AKC TITLE
 OTHER. PLEASE EXPLAIN: _____

HOW DID YOU HEAR ABOUT S.C.O.C.?

NEWSPAPER: _____
 FRIEND: _____
 VETERINARIAN: _____
 OTHER: PLEASE EXPLAIN: _____

I fully release the **SHELBY COUNTY OBEDIENCE CLUB, INC.**, and the instructors from any liability for injury or property damage sustained by me or my guests who may be on the premises being used by SCOC. This release includes injury sustained by my dog. Furthermore, the property owners are also absolved of any similar liability.

Signature: _____ Date: _____

SCOC Representative: _____ Date: _____

Please make check(s) payable to: **S.C.O.C.**
Please indicate the class name on your check.

DO NOT WRITE BELOW THIS LINE - FOR S.C.O.C. USE ONLY

Class Instructor: _____

Method of payment: By Class (✓) _____ By Annual Training Fee (✓) _____

Payment: Cash (✓) _____ Check # _____ Teacher Credit (✓) _____ Amount paid: \$ _____