



# Registration Form

For Office Use:

DMKC.org

Please **Print Clearly** and Fill in all information.

Session
Class
Instructor

Betsy Vobach  
 PO Box 218  
 Carmel Valley CA 93924  
 831-308-0415  
 train.dmkc@gmail.com

Fill in the form and download to your computer.  
 Then send it as an attachment to Betsy Vobach  
 train.dmkc@gmail.com.

### Owner

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Email \_\_\_\_\_

Is this the first time you have enrolled a dog in obedience classes?     Yes     No

Place you trained before \_\_\_\_\_    Trained here before

### Dog

Call Name \_\_\_\_\_  
 Breed \_\_\_\_\_  
 Date of Birth \_\_\_\_\_

Sex     Male     Neutered Male     Female     Spayed Female

Shy or Easily Frightened:    Yes     *Required*    Send proof of vaccinations  
 Unfriendly toward dogs:    Yes     Rabies Date Due \_\_\_\_\_  
 Unfriendly toward people:    Yes     Along with this form when registering  
 Has bitten someone:    Yes     DHLPP Date Due: \_\_\_\_\_

**A copy of your dog's vaccinations for rabies and DHLPP must accompany your registration.**

I (WE) agree to hold the Del Monte Kennel Club, its members or agent harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by this dog. I (We) further agree to hold the aforementioned parties harmless from any claim or loss, damage or injury of this dog by any causes while in or upon the training grounds or premises or near any entrance thereto.

I (We) have read the Del Monte Kennel Club's "Obedience Class Dog and Handler Etiquette" policy and agree to abide by these rules.

No refunds will be given after first class. No videotaping or camera allowed except official photographer.

Signature (Owner/Handler) \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use:

Cash \$	_____
Check \$	_____
Square \$	_____

\$25 service charge for returned checks

Check # \_\_\_\_\_  
 Authorization \_\_\_\_\_