



Registration Form

For Office Use:

DMKC.org

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

Session
Class
Instructor

**Proof of Covid Vaccination is required.
Please include with registration.**

Betsy Vobach
PO Box 218
Carmel Valley CA 93924
831-308-0415
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*
 Unfriendly toward dogs: Yes Rabies Date Due _____
 Unfriendly toward people: Yes
 Has bitten someone: Yes DHLPP Date Due: _____

Send proof of vaccinations
Along with this form when registering

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 _____