

PASANITA OBEDIENCE CLUB, INC. WWW.PASANITA.COM

MEMBER CLUB OF THE AMERICAN KENNEL CLUB LIFE MEMBER OF THE PASADENA HUMANE SOCIETY TRAINING CLASSES CO-SPONSORED BY THE CITY OF PASADENA **BECREATION & PARKS DEPARTMENT**

AKC S.T.A.R. PUPPY CLASS APPLICATION

(for Puppies 5 months up to 1 year old) 1st Class 6:30pm Thursday 7:00pm

PLEASE PRINT CLEARLY DATE: OWNER'S NAME ______ PHONE (_____) _____CITY____ZIP CODE ADDRESS EMAIL (TO BE USED TO NOTIFY STUDENTS OF CLASS CHANGES OR CANCELLATIONS): DOG'S NAME______ DOG'S DOB__ / ___ BREED_____ DOG'S SEX REFERRED TO THIS CLASS BY: AGREE TO PAY A FEE OF \$150.00 FOR A COURSE OF 7 LESSONS. I HEREBY ATTACH A CHECK PAYABLE TO PASANITA **OBEDIENCE CLUB, INC.** WITH THIS APPLICATION. I UNDERSTAND THAT FOR THE PROTECTION OF MY DOG IT IS REQUIRED THAT HE BE INOCULATED AGAINST COMMUNICABLE DISEASES. HE HAS RECEIVED THE FOLLOWING INOCULATIONS: (PROOF OF VACCINATIONS REQUIRED). (DISTEMPER, HEPATITIS, LEPTOSPIROSIS, PARAINFLUENZA, PARVOVIRUS) _____ DHLPP_____ RABIES (RABIES SHOTS FOR PUPPIES OVER 4 MONTHS ONLY) DATE OF LAST SHOT PER PROOF SHOWN: ____ / ___ PROOF VERIFIED BY: _____ (POC TRAINER'S INITIALS) I UNDERSTAND THAT NO REFUNDS WILL BE GIVEN AFTER THE FIRST WEEK OF CLASS. IF THE DOG OR HANDLER BECOMES ILL, THE DOG MAY BE ENROLLED IN THE CLASS IMMEDIATELY FOLLOWING. THERE WILL BE NO EXCEPTIONS TO THIS POLICY UNLESS APPROVED BY THE PASANITA OBEDIENCE CLUB BOARD OF DIRECTORS. I FURTHER UNDERSTAND THAT THE CLUB MAY DROP ME FROM THE CLASS AT ANY TIME FOR DUE CAUSE, IN WHICH CASE NO REFUNDS WILL BE GIVEN. * I AGREE TO HAVE THE ABOVE MINOR HANDLER (16 YEARS OF AGE OR UNDER) ACCOMPANIED BY A PARENT OR GUARDIAN DURING EACH LESSON. I hereby forever waive, release and discharge Pasanita Obedience Club, Inc., its members, officers, directors, employees, agents, independent contractors, trainers, and representatives, and the City of Pasadena, from any and all claims of injury or damage resulting from negligence, whether known or unknown, past, present, or future, to myself, my dog(s), or any dog(s) under my care, custody, or control, arising out of or in any way connected to me or my dog(s) participation in training classes or other exercises. SIGNED _____ (MUST BE SIGNED BY AN ADULT) BRING APPLICATION WITH YOU TO CLASS.

(POC only) Date: _____ Check #_____ Cash _____ Amount \$_____ By: _____