



UPPER SUNCOAST DOG TRAINING CLUB, INC.
 2101 Logan Street, Clearwater FL 33765 (727) 449-8738
 Website: www.USDTC.org

TRAINING APPLICATION

PLEASE INDICATE ONE CLASS:

MON PUPPY STAR CLASS 6:30PM
TUES PUPPY STAR CLASS 6:30PM
THURS PUPPY STAR CLASS 7:30PM
MON BASIC OBEDIENCE 7:30PM
TUES BASIC OBEDIENCE 7:30PM
THURS BASIC OBEDIENCE 6:30PM
THURS BASIC OBEDIENCE 10:30AM
MON SUB-NOVICE OBED 7:30PM
THURS SUB-NOVICE OBED 6:30PM
MON NOVICE OBEDIENCE 6:30PM
FRI FREE STYLE I 8:00PM
SAT FREE STYLE II 9:00AM
FRI JUNIOR HANDLER OB 5:30PM

WED LEVEL 1 AGILITY 6:45PM
MON LEVEL 2 AGILITY 8:30PM
FRI LEVEL 3 AGILITY 6:45PM
THURS LEVEL 4 AGILITY 8:30PM
THURS JUST FOR FUN AG 10:30AM

ONGOING/ADVANCED CLASSES

TUES ADVANCED OBED 9:00AM
TUES CONFORMATION 7:00PM
TUES LEVEL 5 AGILITY 8:30PM
WED OPEN/UTILITY OBED 8:00PM
THURS RALLY - O 7:30PM
SAT SUB-NOVICE OBED 11:00AM

PLEASE INDICATE CLASS START DATE: _____

NAME OF OWNER: _____

WHO WILL BE TRAINING THE DOG? (UNDER AGE 18 AN ADULT MUST BE PRESENT) _____

ADDRESS: _____ HOME PHONE: _____

CITY, STATE & ZIP: _____ WORK PHONE: _____

EMAIL ADDRESS (WILL SEND EMAIL TO CONFIRM CLASS IF PROVIDED) _____

DOG'S NAME: _____ SEX: _____ DOG'S BIRTHDATE: _____

BREED OF DOG: _____ HOW LONG HAVE YOU HAD THIS DOG? _____

HOW DID YOU LEARN ABOUT THESE CLASSES: FRIEND VET WEBSITE NEWSPAPER
 YELLOW PAGES WALK IN USDTC INSTRUCTOR OTHER _____

STATE BRIEFLY WHY YOU WANT TO TRAIN THIS DOG: _____

DOES YOUR DOG HAVE ANY BEHAVIOR PROBLEMS? YES / NO IF YES, PLEASE EXPLAIN: _____

DOES THE PERSON TRAINING THE DOG HAVE ANY SPECIAL NEEDS? YES / NO IF YES, PLEASE EXPLAIN: _____

DOGS ENTERING CLASSES MUST BE CURRENT ON ALL VACCINATIONS. PROOF OF VACCINATIONS, AS LISTED ON THE REVERSE, MUST ACCOMPANY APPLICATION. AS A CONDITION TO ACCEPTANCE OF THIS REGISTRATION, THE AGREEMENT TO HOLD HARMLESS ON THE REVERSE SIDE MUST ALSO BE SIGNED.
*****PLEASE NOTE: ONLY CHECKS, CASHIER CHECKS, MONEY ORDERS and CERTIFIED CHECKS WILL BE ACCEPTED ---NO CASH ACCEPTED*****

SIGNATURE: _____ **DATE:** _____
 (IF UNDER 18 PARENT'S SIGNATURE IS REQUIRED & PARENT MUST BE PRESENT DURING CLASS)

FOR CLUB USE ONLY: WAIVER SIGNED: _____ DATABASE: _____ ROSTER: _____

DATE REC'D: _____ CHECK # _____ OR CASH: _____ AMOUNT \$ _____ VACCINES OK _____

UPPER SUNCOAST DOG TRAINING CLUB, INC.

To reserve your spot in a class, please mail SIGNED application, SIGNED waiver, class FEE & PROOF of vaccines to:
REGISTRAR 2101 Logan Street, Clearwater FL 33765

**WAIVER, ASSUMPTION OF RISK AND
AGREEMENT TO HOLD HARMLESS**

I understand that attendance of a Dog Obedience or Agility Training Class is not without risk to myself, members of my family or guests who may attend, or my dog, because some of the dogs to which I (we) will be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care.

I hereby waive and release the Upper Suncoast Dog Training Club, Inc., its employees, officers, owners, members and agents from any and all liability of any nature, for injury or damage which I or my dog may suffer including specifically, but without limitation, any injury or damage resulting from the action of any dog, and I expressly assume the risk of such damage or injury while attending any training session or other function of the Club, or while on the training grounds or the surrounding area thereto.

In consideration of and as an inducement to this acceptance of my training application by this Club I hereby agree to indemnify and hold harmless this Club, its employees, officers, members and agents from any and all claims, or claims by any member of my family or any other person accompanying me to any training session or other function of the Club or while on the grounds or surrounding area thereto as a result of any action by any dog, including my own.

Signature of Applicant: _____ Date: _____

**UPPER SUNCOAST DOG TRAINING CLUB, INC.
Addendum to Training Membership Application**

VETERINARY HOSPITAL: _____ DOCTORS NAME: _____

ADDRESS: _____ PHONE: _____

Name of Owner _____

Dog's Name _____ Dog Breed _____

[____] **INITIAL HERE IF VACCINES
ARE CURRENT AND ALREADY ON
FILE WITH PREVIOUS USDTC
CLASS RECORDS.**

To insure the health and safety of our students (you and your dog) and the instructors, we require yearly vaccinations for all of the following:

Distemper _____ Parainfluenza _____ Rabies _____
Hepatitis _____ Parvo _____ Bordetella _____

We also require that your dog have a Fecal check and be dewormed if necessary **before the class start date.** May we suggest that you ask your Veterinarian about a Heartworm check.

Fecal Neg/Pos _____ Deworm _____ Heartworm Neg/Pos _____

Signature of Veterinarian certifies that the above named Immunizations/Professional services have been administered on the dates indicated to the Dog named on the Addendum, and that such vaccinations are current.

Veterinarian's Signature Date

NOTE: A Photocopy of current vaccination records may be submitted instead of having the vet complete this section. USDTC must retain vaccine records for our files – they will not be returned. So, be sure to keep your original!