

# NORTHWEST OBEDIENCE CLUB INC. CLASS APPLICATION

(All classes are one hour long)

NOTE!: Check the CLASS SCHEDULES and class pre-requisites before filling in this application.

[Link to Class Schedules](#)

Date of Application: \_\_\_\_\_ Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Best time to contact you: \_\_\_\_\_

Class Session #: \_\_\_\_\_  Member  Non-Member Fee Enclosed: \_\_\_\_\_  Check  Money Order  Cash

Class Selections: \*Note – All advanced classes require the Instructor or Director of Training approval. Check class pre-requisites.

OBEDIENCE		AGILITY		RALLY		K9 NOSE WORK	
<input type="checkbox"/> Puppy (10 wks. - 5 mo.)	Time: _____ Day: _____	<input type="checkbox"/> Foundation	Time: _____ Day: _____	<input type="checkbox"/> Rally	Time: _____ Day: _____	<input type="checkbox"/> Intro to Nose Work	Time: _____ Day: _____
<input type="checkbox"/> Beginner (6 mo. & up)	Time: _____ Day: _____	<input type="checkbox"/> *Intermediate	Time: _____ Day: _____			<input type="checkbox"/> *Intro to Odor	Time: _____ Day: _____
<input type="checkbox"/> *Novice	Time: _____ Day: _____	<input type="checkbox"/> *Advanced/ Competition	Time: _____ Day: _____			<input type="checkbox"/> *Intermediate Nose Work	Time: _____ Day: _____
<input type="checkbox"/> *Advanced Novice	Time: _____ Day: _____					<input type="checkbox"/> *Advanced Nose Work	Time: _____ Day: _____
<input type="checkbox"/> *Pre-Open	Time: _____ Day: _____	OTHER CLASSES					
<input type="checkbox"/> *Open/Utility	Time: _____ Day: _____	Class: _____	Time: _____ Day: _____	Class: _____	Time: _____ Day: _____	Class: _____	Time: _____ Day: _____
<input type="checkbox"/> *Utility	Time: _____ Day: _____	Class: _____	Time: _____ Day: _____	Class: _____	Time: _____ Day: _____	Class: _____	Time: _____ Day: _____

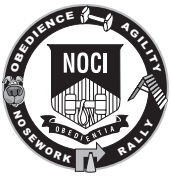
INFORMATION ABOUT YOUR DOG			
Your dog's call name: _____		Breed: _____	
Handlers name: _____		Dog's birthdate: _____	
		Age of dog when class starts: _____	
		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered <input type="checkbox"/> Spayed	

YOUR DOGS HEALTH RECORD			
Dogs last physical exam: _____		Date dogs stool was last checked for worms: _____	
Dates Inoculated for DHLPP: 1st: _____ 2nd: _____ 3rd: _____ <i>(Note: for dogs under 1 year of age, there are three inoculation dates for DHLPP)</i>			
Date inoculated for Rabies: _____		County _____ Tag/Certificate # _____ <input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Year	
Name of veterinarian/animal hospital: _____			Vets Phone Number: _____
Address: _____		City _____	State _____ Zip _____

**Important!!!** Please read the next page, print both pages, **attach a copy of your dogs recent health records**, they must be included with your payment and signature.

**Office Use Only:**

Amount Due: _____ Date Received: _____		Date(s) DHLPP Vaccines Verified: 1st: _____ 2nd: _____ 3rd: _____	
<input type="checkbox"/> Check # _____	<input type="checkbox"/> Cash <input type="checkbox"/> Money Order		
<input type="checkbox"/> Service Credits Applied	<input type="checkbox"/> Health Records Received	Date Health Record/Vaccines Verified: _____	
Notes: _____			



## NORTHWEST OBEDIENCE CLUB INC. CLASS APPLICATION TRAINING HALL RULES, POLICIES AND AGREEMENT

Date of Application: \_\_\_\_\_ Name: \_\_\_\_\_ Dogs Name: \_\_\_\_\_

### TRAINING HALL RULES, POLICIES AND AGREEMENT

Application for training must be signed by the person who will handle the dog during classes or parent/guardian in the case of a minor. Minors must be at least fourteen (14) years old by the first day of class. Exceptions are approved by the Director of Training.

- Full Training Fee is required in order to reserve a place in class.
- No Training Fee will be refunded after the first night of class.
- NOCI recommends a slip collar for Beginners classes. Only buckle collars are permitted in puppy classes.
- Family members and friends are welcome to watch quietly.
- It is your responsibility to keep your dog under control at all times.
- All dogs must be restrained from barking, whining, growling, or snapping at other dogs or people.
- If you need help or instruction in correcting these actions, please ask your instructor or Director of Training.

Dogs which bite, attack, or appear to be threatening to other handlers or their dog will not be allowed to remain in the training hall, unless they are muzzled and have the approval of the Director of Training.

### STATEMENT OF HEALTH

I hereby swear, attest, and affirm that this animal is currently inoculated against Rabies, DHLPP and all other diseases as required by local ordinance, and it is free from fleas, worms, communicable parasites and diseases. If at any time I become aware that this animal has contracted any of the above, (or any condition that may pose a health risk), I will immediately inform my class instructor and/or an officer of NOCI.

I further recognize that I have an obligation to all persons who participate in any class and will refrain from bringing animal onto NOCI property that does not have all required inoculations up to date, or has any parasitic condition, until that condition is no longer a threat. By my signature on this form, and by selecting "I Agree", I hereby authorize my veterinarian to release information on this dog regarding inoculations, diseases, and communicable parasites to an authorized NOCI representative upon request.

### TRAINING AGREEMENT

I hereby apply for training privileges at Northwest Obedience Club, Inc. I agree to conduct myself in accordance with the rules governing training at this facility. I further agree to assume full responsibility for the conduct of my dog while on club property, and release Northwest Obedience Club Inc. from any and all claims, actions, or causes of action arising out of or in connection with training classes or the actions of my dog. I understand that my enrollment fee will NOT be refunded after the first night of class, and there will be NO make-up session or partial refunds should classes be cancelled due to circumstances beyond NOCI control (power outages, weather etc.). I hereby affirm that I have read and understand and hereby agree to adhere to all conditions and statements contained in this application.

I AGREE / SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

To reserve your space in a class the application and fees must be received by the reservation deadline. Cash payments must be made at the club and can be accepted before or on the start day of class. Print out entire form (2 pages), sign and send both pages of this form, enclose check or money order. Do Not Mail Cash! Make check or money order payable to NOCI.

Send To: Northwest Obedience Club, Inc.  
ATTN: Training Hall Secretary  
735 Industrial Drive  
Cary, Illinois 60013