



SOUTHERN MICHIGAN OBEDIENCE TRAINING CLUB  
Application for Adult Education—Dog Training

I hereby make application to enroll as a student using the methods of training dogs in obedience exercises as these exercises are outlined by the American Kennel Club; and to enroll the dog described herein for training.

I agree, as a condition to the acceptance of this application, to abide by the rules and regulations of the Southern Michigan Obedience Training Club; and further agree NOT to substitute another person in my place EXCEPT if the instructor expressly consents to such substitution – and to withdraw my dog and/or the substitute trainee in the event that the instructor determines that they are not compatible in their training efforts.

Name of Applicant/Trainee: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Age of Trainee if under 18: \_\_\_\_\_ SEE WAIVER BELOW

Breed of Dog: \_\_\_\_\_ AKC Registered: Yes  No

Dog's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M  F

Have you or your dog been previously trained in obedience work? Yes  No

Where? \_\_\_\_\_ How did you learn about this class? \_\_\_\_\_

In consideration of the acceptance of this application I agree to hold Southern Michigan Obedience Training Club, its members, directors, agents, instructors and assistant instructors, HARMLESS from any loss or injury, regardless of the cause, which may occur to me, my dog, my property or the person and property of any family member or other person accompanying me, while attending any class or function of Southern Michigan Obedience Training Club, or while on the training premises and surrounding area.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
(If under 18, parent or guardian must sign below)

Enrollment Fee: \$\_\_\_\_\_

**WAIVER FOR MINOR (UNDER 18)**

I agree to act as the applicant, and to be present at all scheduled training classes (if the trainee is under age 18) and agree to withdraw the trainee upon the instructor's request, if the instructor determines that the trainee and/or dog are not compatible to training.

Signed: \_\_\_\_\_  
Parent or Guardian

SOUTHERN MICHIGAN OBEDIENCE TRAINING CLUB  
HEALTH CERTIFICATE

This is to certify that the following Dog:

Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Age: \_\_\_\_\_

Belonging to: \_\_\_\_\_  
Name of Applicant/Trainee

**Please fill out the dates below and provide a copy of the most recent vaccination record from your veterinarian.** Vaccine combinations vary by age and veterinarian's recommendations.

**Has been vaccinated against:**

**Date of Vaccination or Due Date:**

**Distemper, Infectious Canine **H**epatitis, **P**arvovirus infections,  
**P**arainfluenza (DHPPV, DA2PPV, DHPPV-C)**

\_\_\_\_\_

Rabies

\_\_\_\_\_

Bordatella (Kennel Cough)

\_\_\_\_\_

**L**eptospirosis

\_\_\_\_\_

Fecal check (internal parasites)

\_\_\_\_\_

**We also recommend for your dog's protection but do not require for enrollment:**

Canine Influenza (H3N8H3N2)

\_\_\_\_\_

**C**oronavirus

\_\_\_\_\_

Heartworm Check

\_\_\_\_\_

Flea Protection

\_\_\_\_\_

Lyme Disease

\_\_\_\_\_

\_\_\_\_\_  
Veterinarian's name

\_\_\_\_\_  
Address

Date: \_\_\_\_\_

\_\_\_\_\_  
City

\_\_\_\_\_  
Phone