



BREVARD COUNTY DOG TRAINING CLUB (BCDTC)

Non-Member Class Pre-Registration Form

Full Name of Handler: \_\_\_\_\_ Address, City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Member: Yes No

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Dog's Age: \_\_\_\_\_ Male: Female:

Veterinarian: \_\_\_\_\_

1. Is your dog spayed or neutered? Yes No Have you trained a dog before? No Yes

If yes, where? \_\_\_\_\_

2. Has your dog at any time bitten or attempted to bite any person or dog, or shown protectiveness over toys or food?

No Yes If yes, please explain: \_\_\_\_\_

NOTE: Any dog showing aggression that is disruptive to the class or BCDTC will be asked to leave the class. The definition of disruptive, aggressive behavior is at the discretion of the course instructor(s). A refund will be given, and alternative training will be suggested. NO OTHER REFUNDS WILL BE ISSUED.

3. Class activities will consist of physical activities including but not limited to walking at a brisk pace, bending and standing for extended periods of time. Do you have any medical or physical condition of which your Instructor should be made aware?

4. No Yes If yes, please explain: \_\_\_\_\_

5. What do you hope to accomplish with this class? \_\_\_\_\_

6. Class: \_\_\_\_\_ Class Start Date: \_\_\_\_\_ Time: \_\_\_\_\_

I, the undersigned, hereby assume all risks of and responsibility for, accidents and damage, either to myself or to my property or to others, resulting from actions of my dog, and expressly agree that no member or instructor of the Brevard County Dog Training Club (BCDTC) shall be held personally or collectively responsible under any circumstances, for injury to my property due to the behavior of other dogs, or the negligence in any manner by students or members or instructors of BCDTC. The undersigned agrees to abide by all rules and regulations stipulated by BCDTC. It is my intention in joining this group to receive instruction in dog training. I fully understand that except for dismissal due to aggressive, disruptive behavior by my dog (as stipulated prior); I am not entitled to a refund of the class application fee either in full or in part.

I do hereby consent and grant BCDTC the right to reproduce, copy, publish, circulate or otherwise use photographs/likenesses/videotape segments of me and/or my dog and/or my name. This authorization and release covers the use of photos in any published form and any medium of advertising or publicity including the BCDTC newsletter, website, presentations and social media. This Agreement fully represents all terms and considerations and no other statements or promises have been made to me. I fully understand that I will receive no monetary payment for uses as described above.

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

(Please print, sign and bring a copy to class)

NOTE: Please present proof of current vaccination status with your registration form and payment. (A titer is sufficient for vaccination status.) Puppies entering Puppy Kindergarten must have proof of 2 sets of puppy boosters that include the parvovirus vaccines before they can attend class. All dogs 6 months and older require a Rabies Certificate.

This form does NOT guarantee a spot in a class. You will be contacted by a Member regarding your application. When you are officially registered, you will receive an email with detailed instructions. Please print this form and bring a SIGNED copy with you to your first class along with proof of vaccinations. OFFICE USE ONLY (Please do not write below)

Office use only. Please do not write below this line.

Vaccination Records checked by: \_\_\_\_\_ Expires: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ (√) Visa/MC \_\_\_\_\_ (√)

NOTE: an additional \$5.00 fee for credit card payments will be charged at the time of registration.