



SOUTHERN MICHIGAN OBEDIENCE TRAINING CLUB
PUPPY PRESCHOOL
Application for Adult Education—Puppy Preschool

I hereby apply to enroll as a Trainee and to enroll the puppy described below for training. I agree to abide by the rules and regulations of the Southern Michigan Obedience Training Club. I agree not to substitute another person in my place as the Trainee of my puppy without consent of the instructor, and to withdraw my puppy and the substitute Trainee in the event that the instructor determines the puppy and the substitute Trainee are not compatible in their training efforts.

PLEASE PRINT:

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

I agree to hold the Southern Michigan Obedience Training Club, its members, directors, agents, employees and persons acting at the direction of Southern Michigan Obedience Training Club or any of its members in any capacity harmless from (1) loss or injury to any person or property and which may be caused directly or indirectly by any biting by or to, or any other act of, any dog or dogs while upon or near the premises, and personally to assume full responsibility and liability; and (2) the loss, theft, or other injury of the above named dog and any other personal property, and all injuries or damages caused by the club, its members or any person connected with the club in any manner while on the premises.

Date: _____ Signed: _____
(If under 18, parent or guardian must sign below)

Enrollment Fee: \$ _____

WAIVER FOR MINOR

I agree to act as the applicant for the above minor (and to be present at all scheduled training classes if the minor is under age 15) and agree to withdraw the minor upon the instructor's request, if the instructor determines that the minor 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 Puppy/Dog:

Name: _____

Breed: _____

Age: _____

Belonging to: _____

Name of Applicant/Trainee

Booster combinations vary by age and veterinarian's recommendations. The four components below are normally combined; but called out separately to illustrate what is included. Puppies receive vaccinations as boosters. Talk to your veterinarian to define a schedule to complete the series of boosters. **Please fill out the dates below and provide a copy of the most recent vaccination record from your veterinarian.**

Has been vaccinated against:

Date of Vaccination

Distemper, (DHPPV, DA2PPV, DHPPV-C) _____

Infectious Canine **H**epatitis (DHPPV, DA2PPV, DHPPV-C) _____

Parvovirus infections (DHPPV, DA2PPV, DHPPV-C) _____

Parainfluenza (DHPPV, DA2PPV, DHPPV-C) _____

Rabies _____

Bordatella (Kennel Cough) _____

Leptospirosis _____

Fecal check (internal parasites) _____

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

Canine Influenza (H3N8H3N2) _____

Coronavirus _____

Heartworm check _____

Flea protection _____

Lyme vaccine _____

Date: _____

Veterinarian's name

Address

City Phone