

## **RELEASE 2016**

I hereby make application to enter the above-named and described dog training and agree to abide by all the rules and regulations of the training school. I will faithfully carry out the recommendation of the instructors and train my dog to the best of my ability, attend classes regularly and do as much additional training of my dog between classes as may be recommended by the instructors.

In consideration of the acceptance of this application and entering of my dog in Class, I agree not to hold the 4-H Dog Obedience Training School, its instructors, or directors responsible in any way for loss or harm to myself or my dog from injury. I also agree to be responsible for my own dog if injury is caused by my dog to any other dog or to any person while I am in this school.

If my dog is sick or in season, I agree to leave it at home, but will attend classes and get the lesson for the week.

I agree that I will drop from training school if I do not follow directions in the training program or am dismissed for hitting or kicking my dog at any time.

**I also acknowledge that I am NOT a Cloverbud 4-H Member** and I do meet all the age requirements of the 4-H for handling animals. (Per 4H Rules, NO Cloverbud may handle or train any animals in classes and cannot show them at any fair.)

**Date of Application:** \_\_\_\_\_

**Dog Handler:** \_\_\_\_\_

**Parent/Guardian (if youth):** \_\_\_\_\_

**Date of Signature:** \_\_\_\_\_

# Columbia County 4-H Dog Training Registration Form

(please complete one per dog)

Where would you like to train at? (Please check one as your main training site.)

☐ Monday in Lodi    ☐ Wednesday in Cambria    ☐ Thursday in Wyocena

Please remember this is just considered to be your main training site. You MAY switch between any/all classes as needed.

2016 Fees:    \$10.00 for youth (grades 3-12; grade 13 if current 4-H member)  
                  \$45.00 for adults; \$60.00 maximum per family

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

Address: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Are you a 4-H Member or Certified Leader?    ☐ Yes    ☐ No

Are you an Adult?    ☐ Yes    ☐ No

Youth's Grade: \_\_\_\_\_ Youth's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Dog's Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Dog's Age: \_\_\_\_\_

Neutered/Spayed:    ☐ Yes    ☐ No                      Gender of Dog:    ☐ Male    ☐ Female

For the following you **Must turn in a COPY of your vet records**. They are kept on file only for emergency situations:

Date of last DHLPP shot:    \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Last Rabies shot:    \_\_\_\_/\_\_\_\_/\_\_\_\_

Has your dog been previously trained?    ☐ Yes    ☐ No

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

Are any special accommodations required?    ☐ Yes    ☐ No

If yes, please describe: \_\_\_\_\_

Release 2016, appropriately dated and signed, must accompany this registration form.

**Registration deadline date is the first day of training. You can also return this form, Release 2016, and your check made payable to "Columbia County 4-H Dog Project" by 4/11/16 to: Sandy Pohl, N6656 Kohnke Dr., Cambria WI 53923, or you can bring to the meeting on 4/4/16. Thank you!**

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