

RELEASE 2018

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

_____ Thursday in Wyocena

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

2017 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 2018, 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 2018, and your check made payable to "Columbia County 4-H Dog Project" by 4/17/18 to: Sandy Pohl, N6656 Kohnke Dr., Cambria WI 53923. Thank you!

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