RELEASE 2019

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.)

ate of Application:
og Handler:
arent/Guardian (if youth):
, , , , , , , , , , , , , , , , , , , ,
ate of Signature:

An EEO/Affirmative Action employer, University of Wisconsin-Extension provides equal opportunities in employment and programming, including Title IX and ADA requirements. Please make requests for reasonable accommodations to ensure equal access to educational programs as early as possible preceding the scheduled program, service or activity.

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.)

	,	,	J ,
	Monday in Lodi	Wed	Inesday in Wyocena
	mber this is just considered to ses as needed.	be your main training sit	e. You MAY switch between
2019 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 4-H Le	ader? Yes No	
	Adult? Yes No		
Youth's Grad	Grade: Youth's Date of Birth/		
Dog's Name	o:		
Breed:	Dog's Age:		
Neutered/S _I	payed: Yes No	Gender of Dog:	Male Female
	owing you <mark>Must turn in a COP</mark> emergency situations:	Y of your dog's vaccine ce	ertificate records . They are kep
REQUIRED:			
Date of last	DHLPP vaccination:/_	/	
Date of Last	Rabies vaccination:/_	/	
	ommended: Bordetella vaccination:	/	
Has your do	og been previously trained? _	Yes No	
If yes, where	e?		
Are any spe	cial accommodations required	d? Yes No	
If yes, please	e describe:		
Release 201	9, appropriately dated and sig	ned, must accompany th	is registration form.

T:\4-H\4-H Files\Dog Training\2019\2019 Dog Training Registration and Release Forms.doc

Kohnke Dr., Cambria WI 53923. Thank you!

Registration deadline date is the first day of training. You can also return this form, Release 2019, and your check made payable to: "Columbia County 4-H Dog Project" by 4/24/19 to: Sandy Pohl, N6656