

DATE _____

RICHLAND COUNTY KENNEL CLUB
TRAINING APPLICATION

NAME _____ PHONE _____

ADDRESS _____

CITY _____

EMAIL _____

DOG'S NAME _____ AGE _____ BREED _____

CLASS DESIRED:

\$90 ___HOUSEHOLD MANNERS Thursday TIME PREFERENCE 6:00 7:15

\$90 ___HOUSEHOLD MANNERS Tuesday 6:00

****FOUR STUDENTS ARE REQUIRED TO HOLD CLASSES. (Please note your flexibility in the event one class does not meet this requirement)**

PRIOR TRAINING EXPERIENCE :

BASIC OBEDIENCE _____

PUPPY _____

PRIVATE TRAINING _____

SELF _____

HOW DID YOU FIND US? _____

*****YOU MUST INCLUDE PROOF OF RABIES VACCINATION, OR TITERS OR A LETTER OF HEALTH FROM YOUR VET FOR ALL OTHER VACCINATIONS WITH THIS APPLICATION**

Training fees are non-refundable

Payment can be made in the form of check to Richland County Kennel Club and mailed to :

Carla Miller

1660 Victoria Court

Mansfield Ohio 44906

PAYMENT AND VACCINATION INFORMATION MUST BE RECEIVED BEFORE REGISTRATION IS COMPLETE.