

OKLAHOMA CITY OBEDIENCE TRAINING CLUB, INC. (942-2388)

Application for enrollment in a Therapy Dog class commencing January April September
(Circle One)

Owner's Name _____

Address _____

Home Phone _____ Business Phone _____

E-mail Address _____

Emergency Phone & Contact _____

Dog's Name _____ Breed _____ Dog's Age _____

ONLY ONE DOG PER HANDLER PER 8 WEEK SESSION. DOG MUST BE ONE YEAR OLD, GRADUATED FROM OCOTC NOVICE CLASS & BE ABLE TO PERFORM BASIC COMMANDS ON A FLAT BUCKLE COLLAR. **NO SPECIAL TRAINING COLLARS SUCH AS PINCH, CHOKE OR A HALTI ARE ALLOWED IN THERAPY CLASS OR TO DO THERAPY VISITS/WORK.**

Therapy	Thursday 7:00 p.m.
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CLASSES MAY BE CANCELLED DUE TO LACK OF ENROLLMENT

TRAINING FEES: PAYABLE IN ADVANCE

MEMBER / NON-MEMBER FEES	Therapy	\$75.00 per session, per dog
MEMBER REDUCED FEES *	Any class 1st dog	\$50.00 per session, per dog
INSTRUCTOR FEES	Therapy Class Only	\$10.00 per session, per dog

* Must have met requirements

For participation in OCOTC co-sponsored hospital therapy dog programs only,
Annual auxiliary membership dues (\$10.00) are due each June.

I agree to be bound by the "Agreement" printed on the reverse side of this form.

Owner's Signature _____ Date _____

REFUND OF TRAINING FEES

A \$5.00 enrollment charge will be deducted from the full refund for Therapy classes, if the refund request is not made at least **7 days** prior to the start of the class. **No** refunds will be made after the start of the second meeting of the class. In extenuating circumstances, a refund may be authorized at the discretion of the Board upon written request.

APPLICATION AND PAYMENT MUST BE RECEIVED NO LATER THAN ONE WEEK PRIOR TO THE DATE CLASS WILL BEGIN. If mailed, please attach check of money order. Please fill out your part of the application and return with your check or money order made payable to OCOTC (Oklahoma City Obedience Training Club). Please remit to:

LORI BAER
3500 Smokey Bend Ridge
Piedmont, OK 73078
Phone: 373-4616 k9pals2@yahoo.com

TO BE RECORDED BY REGISTRAR: Amount received _____ Date _____

AGREEMENT

In consideration of the acceptance of this application, and of the opportunity to train the dog, I (we) agree to hold this club, it's members, directors, training directors, trainers and employees, harmless from any claim for personal loss or injury which may be alleged to have occurred upon the training premises or grounds or near any entrance thereto.

I (we) also agree to hold this club, it's members, directors, training directors, trainers and employees harmless from any claim for loss or injury which may have alleged to have been caused directly or indirectly to any person or thing by the act of this dog while in or upon the training premises or grounds or near any entrance thereto, and I (we) personally assume all responsibility and liability for any such claim; and I (we) further agree to hold the aforementioned parties harmless from any claim for loss of this dog by disappearance, theft, death or otherwise, and from any claim for damage or injury to the dog, whether such loss, disappearance, theft, damage or injury, be caused or alleged to be caused by the negligence of the club or any of the parties aforementioned, or by the negligence of any other person, or by any other cause or causes.

In an effort to prevent the spread of communicable diseases among dogs in training classes it is the policy of the club to require immunizations.

The Board of Directors of the Oklahoma City Obedience Training Club, Inc. requires that dogs with no record of immunizations on file, dogs with no immunizations or otherwise no in compliance with policy not be permitted to attend classes or to visit the training site. **A BITCH IN SEASON WILL NOT BE PERMITTED TO ATTEND TRAINING CLASSES.**

Please list dates of booster immunizations. If dog's immunizations are too recent to receive 6 months/1year boosters, list dates of first series of immunizations. This record needs to be completed and signed by you veterinarian.

NAME OF OWNER _____

NAME OF DOG _____ BREED

I hereby certify that the above named dog was administered annual immunizations as follows:

IMMUNIZATIONS	DATE
Rabies	
Distemper	
Hepatitis	
Leptospirosis	
Parainfluenza	
Parvo	

D.V.M. Signature _____

Address _____ Phone _____