



## Application for Training

http://www.VictoriaDogObedienceClub.org  
email: VDOC@hughes.net

P.O. Box 137  
Telferner, Texas 77988

### Handler Information:

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
(if under 18)

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

A contact phone number for rainouts one hour before class: \_\_\_\_\_

Check	Class	Duration	Requirements	Cost	Day	Times	Instructor
<input type="checkbox"/>	Basic I	7 Weeks	Over 6 mos. old	\$75.00	Monday	7:30-8:30 pm	S. Newland
<input type="checkbox"/>	Puppy	7 Weeks	4 - 6 mos. old	\$75.00	Tuesday	7:30-8:30 pm	P. Lassman
<input type="checkbox"/>	Basic I	7 Weeks	Over 6 mos. old	\$75.00	Tuesday	7:30-8:30 pm	K. Brooks

Indicate class(es) preferred

### Dog Information:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

Call Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Last Vaccinations: Rabies: Date: \_\_\_\_\_ DHL: Date: \_\_\_\_\_

How long have you owned this dog? \_\_\_\_\_

Have you owned a dog before? \_\_\_\_\_ What Breed(s)? \_\_\_\_\_

Have you trained a dog before? \_\_\_\_\_ When? \_\_\_\_\_  
Where? \_\_\_\_\_

**AS A CONDITION TO ACCEPTANCE OF THIS APPLICATION THE RELEASE AGREEMENT ATTACHED TO THIS APPLICATION MUST BE SIGNED.**

### Official Use Only:

Proof of Vaccinations:  Collar:  Lead:

Paid \$ \_\_\_\_\_  Cash  Check# \_\_\_\_\_

Class \_\_\_\_\_ Instructor \_\_\_\_\_ App rcv'd by \_\_\_\_\_ Date \_\_\_\_\_

Remarks: \_\_\_\_\_



## Internet and Newspaper Release Form

Victoria Dog Obedience Club (VDOC) may take photos of its events for its own purpose of publicity and other functional uses. VDOC does respect your desire to have privacy as you may wish not to be included in such uses. Please indicate below your preferences:

### Internet

I **DO** give my permission to allow VDOC to post picture(s) of me and/or my pet on their website.

(<http://www.VictoriaDogObedienceClub.org>)

I **DO NOT** give my permission to allow VDOC to post picture(s) of me and/or my pet on their website.

(<http://www.VictoriaDogObedienceClub.org>)

### Newspaper

I **DO** give my permission to allow VDOC to post picture(s) of me and/or my pet in the newspaper (the Port Lavaca Wave or the Victoria Advocate)

I **DO NOT** give my permission to allow VDOC to post picture(s) of me and/or my pet in the newspaper (the Port Lavaca Wave or the Victoria Advocate)

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_



## Liability Release Form

### AGREEMENT TO HOLD HARMLESS WAIVER AND ASSUMPTION OF RISK

I understand that attendance of a dog obedience training class is not without risk to myself, members of my family or guest who may attend my dog, because some of the dogs to which I will be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care.

I hereby waive and release the VICTORIA DOG OBEDIENCE CLUB, INC. hereinafter referred to as the "Training Organization", its volunteers, officers, members and agents, from any and all liability of any nature, for injury or damage which I or my dog may suffer; including specifically, but without limitation, any injury or damage resulting from the action of any dog, and I expressly assume the risk of such damage or injury while attending any training session, or any other function of the Training Organization, or while on the training grounds a surrounding area thereto.

In consideration of and as inducement to the acceptance of my application for training membership by this Training Organization, I hereby agree to indemnify and hold harmless this Training Organization, its volunteers, officers, members, and agents from any and all claims by any member of any family or any other person accompanying me to any training session or function to the Training Organization, or while on the grounds or the surrounding area thereto as a result of any action by any dog, including my own.

### AS A CONDITION TO ACCEPTANCE OF THIS APPLICATION THE FOLLOWING MUST BE INCLUDED:

- 1) Application
- 2) Signed Release Agreement
- 3) Copy of your Rabies Certificates
- 4) Check for \$75.00 made out to the VDOC & mail to:  
VDOC  
C/O Karen Brooks  
P. O. Box 137  
Telferner, TX 77988-0137.

\_\_\_\_\_  
SIGNATURE OF OWNER OR AGENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Name of owner of dog if different from name above

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

- How did you learn about these classes?
- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Veterinarian   | <input type="checkbox"/> Newspaper Ad |
| <input type="checkbox"/> Pet Store      | <input type="checkbox"/> Groomer      |
| <input type="checkbox"/> Radio          | <input type="checkbox"/> Trainer      |
| <input type="checkbox"/> Former Trainer | <input type="checkbox"/> Other _____  |