

**The Northern Neck Kennel Club of Virginia, Inc.
Class Registration Form**

**Please complete this form. Include a copy of your dog's current shot record,
a copy of current rabies certificate and your check made out to the NNKC.
Cost: \$50.00 for Club Members, \$70.00 for all others**

Name	Name of Class
Address	Class Day & Time
City, State, ZIP	Dog's Name
Amount of Check	Date of Birth Breed
Phone	Is dog neutered? Yes No
e-mail	Male Female

What previous classes has this dog taken? Where? When? Use back of form if necessary.

Has your dog ever bitten a person? Yes No

Has your dog ever bitten another dog or been in a dog fight? Yes No

If the answer to either of the last two questions is yes, please explain on the back of this form.

**As A Condition To Acceptance Of This Class Registration This Agreement Must Be Signed
*Waiver of Liability for Class Participants**

I understand that attendance at the NNKC class described above is not without risk to myself, members of my family, my guests who may attend, or to my dog; that despite all the dogs appearing healthy and being handled with the greatest amount of care and foresight, dogs are not always predictable and the unexpected may occur. [REDACTED] (INITIAL)

I hold the Northern Neck Kennel Club, its Directors, Instructors, and Northern Neck Partners for Pets, harmless from any and all liability, costs and expenses arising as a result of this activity, including but not limited to, injury or death of dogs, bodily injury or death to any person and damage to property of any kind. [REDACTED] (INITIAL)

I further understand that participants in classes and their guests are expected to abide by the rules and policies set forth by the Northern Neck Kennel Club and Northern Neck Partners for Pets and agree to abide by those rules and policies. [REDACTED] (INITIAL)

As I am bringing a dog onto the training grounds, I have submitted a veterinarian's statement showing that the dog is current on all required Immunizations and Rabies. I also state that this dog does not, to the best of my knowledge and experience, present a threat to other dogs or persons. [REDACTED] (INITIAL)

Print Your Name: _____
(Parent or legal guardian if under 18 years old)

Signature [REDACTED] Date _____
(Parent or legal guardian if under 18 years old)

For Club Use Only
Immunization Checked:

Rabies Expiration Date: