

Date: _____

Health check: _____

class \$ _____

collar \$ _____

Lead \$ _____

TOTAL \$ _____

QUINCY KENNEL CLUB, INC.

CONFORMATION AND OBEDIENCE

QUINCY, ILLINOIS 62301

TRAINING APPLICATIONS AND HEALTH FORM

The top portion of this form must be completed & signed by the owner of the dog.

Name of Owner _____ Phone # _____

Address _____ City _____ State _____ Zip _____

First Name of Trainer _____ age (if under 16) _____

Name of dog as it should appear on certificate _____

Breed age/dog AKC Registered _____

Has the handler ever trained a dog before? _____ If yes, where? _____

How did you hear about our classes? _____
(your answers will help us decide how best to publicize our training classes.)

Do you plan to show this dog in AKC competition? _____

I STATE THAT I AM THE OWNER OF THE DOG NAME IN THE ABOVE APPLICATION, AND THAT SAID DOG IS NOT A MENACE TO OTHER DOGS OR TO PEOPLE. I FURTHER STATE THAT I AM RESPONSIBLE FOR ANY INJURIES TO PEOPLE OR DOGS, OR FOR ANY DAMAGE TO PROPERTY CAUSED BY SAID DOG. (MUST BE SIGNED BY AN ADULT).

Signature: _____ Date: _____

THIS SECTION MUST BE COMPLETED & SIGNED BY YOUR VETERINARIAN!

Please furnish the dates for the following:

DHLPP-C _____ Bordatella _____ Rabies _____ Clear Fecal/Worming _____

Is this dog on heartworm preventative _____ (in the season) _____

Does this dog have any present or past illnesses or injuries that would prevent it from attending training classes? _____

I have examined this dog and found it to be free of internal and external parasites.

Date: _____ Signature of Examining Veterinarian: _____

FOR CLUB USE ONLY

Enrollment; Super puppy Obedience Conformation

Check all that apply: _____ Senior Citizen _____ 4-H Member _____ QKC Member
_____ Super Puppy _____ Grad Dog _____ adopted/shelter
_____ Same dog repeating same class

Training Fee Paid: _____ Cash _____ Check (check #) _____

Collected by: _____ Receipt issued by: _____

