



PASANITA OBEEDIENCE CLUB, INC.
WWW.PASANITA.COM

MEMBER CLUB OF THE AMERICAN KENNEL CLUB
LIFE MEMBER OF THE PASADENA HUMANE SOCIETY
TRAINING CLASSES CO-SPONSORED BY THE CITY OF PASADENA
RECREATION & PARKS DEPARTMENT

ADVANCED NOVICE CLASS APPLICATION

PLEASE PRINT CLEARLY

DATE: _____

OWNER'S NAME _____ PHONE (_____) _____

HANDLER'S NAME (IF DIFFERENT FROM ABOVE) _____ HANDLER'S AGE (IF UNDER 16)*: _____

ADDRESS _____ CITY _____ ZIP CODE _____

EMAIL (TO BE USED TO NOTIFY STUDENTS OF CLASS CHANGES OR CANCELLATIONS): _____

DOG'S NAME _____ DOG'S AGE _____ BREED _____

DOG'S SEX _____ REFERRED TO THIS CLASS BY: _____

I AGREE TO PAY A FEE OF \$115.00 IF I AM A GRADUATE OF PASANITA'S BEGINNING NOVICE CLASS OR \$125.00 FOR NON-GRADUATES FOR A COURSE OF 10 LESSONS, INCLUDING THE FIRST LESSON AND THE GRADUATION EXERCISES. I HEREBY ATTACH A CHECK PAYABLE TO **PASANITA OBEEDIENCE CLUB, INC.** WITH THIS APPLICATION.

I UNDERSTAND THAT FOR THE PROTECTION OF MY DOG IT IS REQUIRED THAT HE BE INOCULATED AGAINST COMMUNICABLE DISEASES. HE HAS RECEIVED THE FOLLOWING INOCULATIONS:

_____ RABIES _____ DHLPP (DISTEMPER, HEPATITIS, LEPTOSPIROSIS, PARAINFLUENZA, PARVOVIRUS)

I UNDERSTAND THAT NO REFUNDS WILL BE GIVEN AFTER THE FIRST WEEK WITH DOGS. IF THE DOG OR HANDLER BECOMES ILL, THE DOG MAY BE ENROLLED IN THE CLASS IMMEDIATELY FOLLOWING. THERE WILL BE NO EXCEPTIONS TO THIS POLICY UNLESS APPROVED BY THE PASANITA OBEEDIENCE CLUB BOARD OF DIRECTORS. I FURTHER UNDERSTAND THAT THE CLUB MAY DROP ME FROM THE CLASS AT ANY TIME FOR DUE CAUSE, IN WHICH CASE NO REFUNDS WILL BE GIVEN.

*I agree to have the above minor handler (16 years of age or under) accompanied by a parent or guardian during EACH LESSON.

I hereby forever waive, release and discharge Pasanita Obedience Club, Inc., its members, officers, directors, employees, agents, independent contractors, trainers, and representatives, and the City of Pasadena, from any and all claims of injury or damage resulting from negligence, whether known or unknown, past, present, or future, to myself, my dog(s), or any dog(s) under my care, custody, or control, arising out of or in any way connected to me or my dog(s) participation in training classes or other exercises.

SIGNED _____
(MUST BE SIGNED BY AN ADULT)

Bring your completed application with you to class or MAIL TO:

Cathleen Jahelka, Training Director, 10240 Fernglen Ave., Tujunga, CA 91042

(POC only) Date: _____ Check # _____ Cash _____ Amount \$ _____ By: _____

(Revised 9/2012)