

PAHRUMP VALLEY OBEDIENCE CLUB
CLASS REGISTRATION

Name of person taking class _____

Address _____
Street City State Zip

Phone (____) _____ - _____ **Email** _____
Please print legibly

Dog's name _____ Breed _____

Age _____ Years _____ Months Weight _____ Male/Female ____ Spay/Neuter _____

Has this dog had previous classes? _____ **with PVOC** _____ Other _____

How did you hear about our classes? _____

Class you are taking:

Beginner _____ S/L Intermediate _____ Rally _____ Other _____

Please read the accompanying release agreement. Print your name in the space provided; Sign the bottom of the page in the presence of a club member (witness).

PROOF OF CURRENT VACCINATIONS REQUIRED AT TIME OF REGISTRATION

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BELOW TO BE COMPLETED BY PVOC

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Current vaccinations:

Rabies _____ Parvo _____ Distemper Combo _____ Bordetella _____ Checked by: _____
Date Exp

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Registration: \$50 Total Due

Amount Paid: _____ Cash _____ Check# _____ Received by: _____