

CKC Basic Dog Obedience Class Mail-in Pre-Registration Form

Name of owner, or person training the dog at our classes:

Address: _____

Phone: _____ Email: _____

Dog's Name: _____

Dog's Breed/or known Blend of Breeds: _____

Age: _____ (min. 6 month) Sex: male female

Spayed/Neutered ? ____ Yes ____ No ____

Experienced in Dog Training ? No Yes To what degree ?

Please be advised that these classes are not for aggressive dogs. A dog showing aggression and/or is uncontrollable will be immediately excused for the safety of others. No Refund for remaining classes will be given.

Please state what training goals, or problems you might have with your dog, that you would like to have addressed in these classes:

To reserve one of the only 12 spots available for the Tuesdays @ 6:30pm-7:30pm, 8 week Winter Session, starting on January. 14th 2019, at the Immaculate Conception School 1901 Madison Street, Clarksville, TN. 37043 :

Please sent a check for \$100.00, made out to the Clarksville Kennel Club and this form to: Clarksville Kennel Club, 2289 Dewitt Drive, Clarksville, TN. 37043

January 14th is Orientation only. Do NOT bring your dog.

Do bring proof of vaccinations on January 14th.

For more detailed information you may contact Polly Conrad Glass
cell # 931-436-1488 or email: polly.conrad@gmail.com

