

**Mountaineer Kennel Club**

***Therapy Dog Skills and Etiquette Application for Training***

This class provides an opportunity for you and your dog to learn to work as a team. You will be learning the skills and guidance to apply for Therapy Dog team registration.

**Before you apply consider the following:**

- Is your dog friendly with people?
- Does your dog know basic obedience (sit, stay, down)
- Is your dog friendly with other dogs?
- Does your dog enjoy meeting new people?
- Do you enjoy meeting new people?

If you answered no to any of the above questions, please contact one of the instructors to discuss if this is the right class for you.

Return 1.) This application 2.) the "Dog Profile" form and 3.) your \$95 payment to Mountaineer Kennel Club:

Bruce Felton

45 Sugar Maple Hill

Morgantown, WV 26508

Class specifics: **Class dates: Sept 10, 17, 24, Oct 1 Time: 6:00 to 7:30pm**

\$95.00 for four- 1 ½ hour sessions (Limited scholarships available based upon need)

ENTRY INTO A CLASS CANNOT BE GUARANTEED WITHOUT PRE-REGISTRATION. Class size is limited. Spaces are filled on a first-come, first-served basis. We will send a confirmation by email or phone.

Handler Information

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Name\_\_\_\_\_

Street\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Phone (home)\_\_\_\_\_ (work)\_\_\_\_\_ Age (if under 18)\_\_\_\_\_

Email address:\_\_\_\_\_

Dog Information

Breed\_\_\_\_\_ Birth date\_\_\_\_\_ Sex M F

Dog's Name\_\_\_\_\_ Veterinarian\_\_\_\_\_

Dog's age \_\_\_\_\_ Sex m f Neutered/spayed? Yes no

1. Do you have any physical conditions that may affect your training abilities?

Yes  No  If yes, please describe.

2. Does your dog have any physical conditions we should be aware of? (Food allergies, pain, special medications) Yes  No  If yes, please describe.

3. Why do you want to be a therapy team?

4. What qualities do you and your dog have that makes you think you would enjoy therapy work?

5. What qualities do you and your dog have that make you believe you would be a good therapy team?

Please sign and date concerning the following statement:

I understand that this class does NOT provide or guarantee registration as a therapy dog team.

Signature/Date: \_\_\_\_\_

Instructors:

Bruce Felton- 304-594-1049

Sharon Hall – 304-216-9604

Hold Harmless, Waiver and Assumption of Risk

I understand that attendance of a dog obedience, conformation, or agility training class is not without risk to myself, members of my family or guests who may attend, or my dog, because some of the dogs to which I will be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care.

I hereby waive and release the Mountaineer Kennel Club, INC. hereinafter referred to as the MKC, its employees, officers, members, and agents from any and all liability of any nature, or injury or damage which I or my dog may suffer, including specifically, but without limitation, any injury or damage resulting from the action of any dog, and I expressly assume the risk of such damage or injury while attending any training session, or any other function, of the MKC or while on the grounds or the surrounding area thereto.

In consideration of, and as inducement to the acceptance of my application for training membership by the MKC, I hereby agree to indemnify and hold harmless the MKC, its employees, members and agents from any and all claims, or claims by any member of my family or any person accompanying me to any training session or function of the MKC or while on the grounds or the surrounding areas as a result of any action of any dog, including my own.

Name of Owner \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature of owner \_\_\_\_\_

(In case of minor, Parent or Guardian must sign)

Date \_\_\_\_\_

SANS, LLC

Hold Harmless Agreement

I waive my rights to assert any claim for loss, cost injury or damages against the Owner of the SANS, LLC property and/or Mountaineer Kennel Club, their officers, agents, trustees, directors, employees, and members, present or future, arising from, related to, or in any way connected with the

Mountaineer Kennel Club's use of the SANS, LLC property for dog training classes.

Signature of Owner \_\_\_\_\_

Date \_\_\_\_\_

MOUNTAINEER KENNEL CLUB HEALTH CERTIFICATE FOR TRAINING CLASSES

NAME OF DOG \_\_\_\_\_

BREED \_\_\_\_\_ AGE \_\_\_\_\_

NAME OF OWNER \_\_\_\_\_

VACCINATION RECORD SHOWING DATES OF MOST RECENT BOOSTER(S)

DHLPP (REQUIRED) \_\_\_\_\_

Puppies under 6 months of age: (record dates)

DHLPP #1 \_\_\_\_\_ DHLPP #2 \_\_\_\_\_ DHLPP #3 \_\_\_\_\_

RABIES (REQUIRED) \_\_\_\_\_

(Not applicable if puppy is under 4 months of age)

INTRANASAL BORDETELLA (RECOMMENDED) \_\_\_\_\_

OTHER HEALTH DATA

DATE AND RESULTS OF MOST CURRENT FECAL CHECK

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\_\_\_\_\_

HEARTWORM PREVENTATIVE (RECOMMENDED)

NAME OF PRODUCT USED

\_\_\_\_\_

VETERINARIAN'S SIGNATURE OR STAMP

CLINIC NAME \_\_\_\_\_

DATE \_\_\_\_\_