

**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:** \_\_\_\_\_ **Total Due** \_\_\_\_\_

**Amount Paid:** \_\_\_\_\_ **Cash** \_\_\_\_\_ **Check#** \_\_\_\_\_ **Received by:** \_\_\_\_\_

Pahrump Valley Obedience Club, Inc  
An AKC Affiliated club  
PO Box  
Pahrump, NV 89048

Release Agreement:

I, \_\_\_\_\_, agree to forever hold harmless, release and indemnify the Pahrump Valley Obedience Club, Inc, [hereby referred to as PVOC], its Officers, Board of Directors, Instructors, and Members and the Town of Pahrump, Nye County, and its employees for the duration of the period my dog[s] shall be in the training classes, or, any and all activities, stated or not, from any and all injury, disease, loss, claims or suits resulting from or otherwise associated with my or my dog's participation in the activities associated with training activities.

I agree to be held fully responsible and liable for any injury caused by my dog[s] while in the classes, or, any and all activities, stated or not, held by PVOC at any location. I also agree to pay in full any costs including costs related to services provided by a licensed Veterinarian incurred by any participant or PVOC member for any injury caused by my dog[s] or any dog[s] in my care. I also agree to pay in full any costs including costs related to services provided by a licensed Physician incurred by any participant or PVOC member for an injury caused by my dog[s] or any dog[s] in my care.

I represent and warrant that any animal which I bring to the grounds will, on that date, be current on all vaccinations required by the laws of the State of Nevada.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature must be the owner of the dog[s] and over 18 years of age.