

# CACTUS CANINE CENTER, INC.

## TRAINING APPLICATION (Please Print Legibly)

### HANDLER INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Work Phone (Optional) \_\_\_\_\_

Occupational (Optional) \_\_\_\_\_

E-mail Address \_\_\_\_\_

### HOW DID YOU LEARN ABOUT THESE CLASSES?

- \_\_\_\_\_ CCC Trainee/Member
- \_\_\_\_\_ Veterinarian
- \_\_\_\_\_ Internet
- \_\_\_\_\_ Friend
- \_\_\_\_\_ Newspaper
- \_\_\_\_\_ Tucson Shopper
- \_\_\_\_\_ Telephone Book
- \_\_\_\_\_ Kennel
- \_\_\_\_\_ Pet Store
- \_\_\_\_\_ Groomer
- \_\_\_\_\_ Radio/TV
- \_\_\_\_\_ Other \_\_\_\_\_

### DOG INFORMATION:

Call Name \_\_\_\_\_

Age \_\_\_\_\_

Breed \_\_\_\_\_

Sex \_\_\_\_\_ Male \_\_\_\_\_ Female

Veterinarian \_\_\_\_\_

### VACCINE INFORMATION

How long have you had this dog? \_\_\_\_\_

Rabies \_\_\_\_\_ Yes \_\_\_\_\_ No  
(within 3 years)

Previous training on this dog? \_\_\_\_\_

DHLP/Parvo \_\_\_\_\_ Yes \_\_\_\_\_ No  
(within 1 year)

Have you ever owned a dog before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Bordetella \_\_\_\_\_ Yes \_\_\_\_\_ No  
for kennel cough

Have you trained a dog before? \_\_\_\_\_ Yes \_\_\_\_\_ No

(within 1 year)

If so, what breed(s)? \_\_\_\_\_

**WHEN** did you train your last dog? \_\_\_\_\_

**WHERE** did you train your last dog (or **WHAT** organization)? \_\_\_\_\_

What made you choose **Cactus Canine Center**? \_\_\_\_\_

Are you interested in showing your dog in **OBEDIENCE** at AKC shows? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Maybe

Are you interested in showing your dog in **CONFORMATION** at AKC shows? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Maybe

\_\_\_\_\_

**CACTUS CANINE CENTER, INC. TRAINING AGREEMENT**

**WAIVER AND ASSUMPTION OF RISK  
(PLEASE READ CAREFULLY)**

I understand that attendance at a dog obedience training class is not without risk to myself, guests, or my dog because other dogs may be difficult to control and may cause injury even when handled with the greatest of care.

I hereby waive and release **CACTUS CANINE CENTER, INC. (CCC)**, its employees, officers, members, and agents from any and all liability of any nature, for injury or damage, which my dog or I may suffer from the action of any dog. I expressly assume the risk of any such damage or injury while attending any training session, or any other function of **CCC**, or while on the training grounds or surrounding area.

In further consideration for the acceptance of my application for training membership, I hereby agree to abide by the training rules and decisions of **CCC**. I understand that I will not bring my dog to training sessions or to any other **CCC** function if it is ill, has any communicable canine disease or condition, if there is any communicable canine disease among other dogs of my household, or if my dog is not current on inoculations for Distemper/Parvo and Rabies (when of proper age). For consistency and fairness to my dog, and best results, I understand that family members should not be "training" the dog outside of class, but they may audit all of the classes.

I further agree that if I choose to discontinue the course, I will not receive the remaining handouts (lesson plans) and I am not due any money as a refund after the conclusion of the first class orientation/homework assignment.

\_\_\_\_\_  
Signature of Applicant\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian, if under 18

**\*ONLY THE PERSON SIGNING THE APPLICATION WILL BE PERMITTED TO TRAIN IN CLASS!**

I herewith enclose \$\_\_\_\_\_ for a training course.  
(Remit to: *Cactus Canine Center, Inc., 2555 W. Zinnia Avenue, Tucson, AZ 85705*)

Class entered: \_\_\_\_\_ Novice \_\_\_\_\_ Open \_\_\_\_\_ Utility \_\_\_\_\_ Other \_\_\_\_\_

Starting Date: \_\_\_\_\_ Instructor Preference: \_\_\_\_\_

***Do not write in this space unless paying by credit card*** \_\_\_\_\_

Paid \$\_\_\_\_\_ Balance due \$\_\_\_\_\_ 15-foot Longe Line? \_\_\_\_\_  
(Required for week 1 lesson)

\_\_\_\_\_ Cash \_\_\_\_\_ Check No. \_\_\_\_\_ Taken By: \_\_\_\_\_

Visa \_\_\_ Mastercard \_\_\_ # \_\_\_\_\_ Expires \_\_\_ \_\_\_

\_\_\_\_\_