



4RK9's Dog Training Club  
Nosework Workshop Registration Checklist  
[www.4RK9s.com](http://www.4RK9s.com) 319-366-5668

INSTRUCTIONS

Make sure you remember to:

- Fill out and sign registration form below.
- Include check **PAYABLE TO 4RK9s** .
- Include a copy of your latest vaccination certificates for rabies AND parvo AND distemper shots from veterinarian. These records are required by rules of the State of Iowa and you must submit a copy even if you have submitted one for previous classes.

Send Registration Information to :

4RK9s Nosework Coordinator  
3401 Garden View CT NE  
Cedar Rapids IA 52411

Address above is only to send Registration Information.

Address for Workshop :

4RK9s  
910 2<sup>nd</sup> Ave SW  
Cedar Rapids, IA 52404

Ways to Fill out Registration

- 1 You can print this blank form and fill it out by hand and sign.
- 2 Some Browsers will let you fill it out while viewing on your computer. Once filled out; print and sign.
- 3 You can download and save and use Adobe Reader to fill out then print and potentially save.



# 4RK9's Dog Training Club

Iowa Animal Welfare License #9437

## Nosework Workshop Registration Form

### May 14, 2022

[www.4RK9s.com](http://www.4RK9s.com) 319-366-5668

#### INSTRUCTIONS

Complete this form and mail together with a check for the class fee payable to 4RK9s Dog Training Club and copies of vaccination certificates for rabies, parvo and distemper to:

4RK9s Nosework Coordinator  
3401 Garden View CT NE  
Cedar Rapids IA 52411

Class size is limited to provide ample attention to each handler and dog. Register early! Your payment will reserve your spot in the class. You will be contacted immediately if the class is full. You will receive a reminder approximately one week prior to the start of your class.

Bring to class: a 6 ft leather (preferred) leash, lots of soft training treats, a water bowl, and a positive attitude! NO FLEXI-LEADS are allowed for class training.

#### FEE SCHEDULE

Participation	\$25.00
Audit	\$10.00

Handler's Name:

Phone:

E-Mail :

Audit Only:

Participation:

Dog's Name:

Breed:

DOB:

#### VACCINATION CERTIFICATES

You MUST provide a copy of your rabies and distemper combo (distemper and parvo) vaccination together with this form regardless of how many previous classes you have attended at 4RK9s. This information is required by regulations of the State of Iowa.

Date of Most recent Rabies Vaccination:

Date Next Due:

Date of Most recent Distemper and Parvo  
Virus Vaccination:

Date Next Due:

#### LIABILITY WAIVER

I agree by my signature to hold 4RK9's, its members, directors, officers, the owner of the premises used for training, and any party or employee of the aforementioned parties, harmless from any claim or loss which may be alleged to have been caused directly or indirectly to any person, animal or things by this dog while in or upon the premises or near the entrance thereto.

I personally assume all responsibility and liability for any such claim. I further agree to hold aforementioned parties harmless for any such claim for the loss of this dog due to disappearance, theft, damage or injury or any other causes. I am solely responsible for my children's safety and welfare as well as their supervision during the entire time they are present on the training grounds.

To the best of my knowledge this dog is free of any contagious or potentially contagious diseases.

Signature:

Date: