



Indianapolis Obedience Training Club, Inc.
Beginners Class Application

(Please Print.....Read and sign reverse page.)

Name		
Address		
City:	State:	Zip:
Home Phone:		Cell Phone:
Breed of Dog:		Age of Dog:
Dog's Call Name:		Male: _____ Female: _____
How did you hear about our training class:		

Below for office use only

Year: _____ **Month:** _____ **Day:** _____ **Fee Due: \$** _____

Check #: _____ **Cash:** _____ **Paid: \$** _____

Balance: \$ _____

Vaccination Date: _____ **Rabies:** _____ **Distemper-Hepatitis:** _____

Parvo (1) _____ **(2)** _____ **Other:** _____

Class Attendance Record

	1	2	3	4	5	6	7	8	9
DATE:	/	/	/	/	/	/	/	/	/
PRESENT:									

Name (Last) : _____