

**Oak Ridge Kennel Club
Dog / Handler Questionnaire**

Please fill out a form for each dog you are bringing to training at ORKC, and turn the completed form in to your instructor.

Name of Handler: _____

Address: _____

Phone No(s): _____

Email: _____

Name of dog: _____

Breed: _____

Training Class Registered for: _____

What are your training goals for your dog?

Previous training the dog has had (if any), and where:

Please list any problems your dog may have:

Has this dog ever shown unprovoked aggression towards other dogs or humans?

Yes ____ No ____

If yes, please provide details below:

I, and my heirs, in consideration of my participation in dog training sponsored by the Oak Ridge Kennel Club ("the Club") in Oak Ridge, hereby release the Club, its officers, directors, and persons serving as instructors, and any other people officially connected with this training, from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death, or loss of money, which might occur while participating in this event. I understand that participation in this program is strictly voluntary and I freely chose to participate. I understand that the Club does not provide medical coverage for me. I verify that I will be responsible for any medical and/or costs I incur as a result of my participation.

Signature

Date