

Mason City Kennel Club
APPLICATION FOR TRAINING CLASS
September 22, 2025 – October 27, 2025

Please answer every question:

Name _____ Age (if under 18) _____

Address _____ City/State/Zip _____

Place of Employment _____ Occupation _____ Work Phone _____

Home Phone: _____ Cell Phone: _____ Email: _____

Breed of Dog _____ Date of Birth _____ Male or Female (Circle one)

Call Name of Dog _____ Veterinarian _____

Health History (diseases, surgeries, spayed, neutered, etc.) _____

Number of family members living with dog _____ Ages of children living at home _____

Please list any other breed of dog(s) or pets living with you: _____

Do you have any physical restrictions or health concerns that your instructor should know about? _____

If so, what are they? _____

How long have you had this dog? _____ Is this dog housetrained? _____

Where does dog sleep? (*Please be specific*) Indoors? Outdoors? Garage? _____

In dog bed? In crate or kennel? In bed with family member? Other? _____

How much and what kind of **daily** exercise does dog receive? _____

Is dog comfortable on a leash? Yes No Is dog fed: on a schedule or “free fed” (food always available)?

Is dog food-possessive? Yes No Is dog possessive of toys or objects? Yes No

Has this dog ever shown aggression toward you or other people? _____

Has this dog ever shown aggression toward other dogs? _____

What was your primary purpose in acquiring this dog? _____

What, if any, specific dog behavior problems would you like to solve? _____

Have you taken **this dog** through a class from Mason City Kennel Club before? If so, when? _____

How did you learn about these classes? _____

Are you prepared health-wise and time-wise to spend some time **every day** working with your dog during training in order to achieve maximum benefits from this class? **If not**, please allow another student to fill this spot in class as we do not want to waste your time (or ours). **If so**, please read and sign the commitment clause below:

I, _____ (primary handler’s signature), commit to allocate time each day to work with training my dog. I vow to execute the training commands as illustrated by my instructor(s) and will put forth my best effort to implement each exercise, complete any worksheets, and review the articles, which will help me care for and train my dog.

*****Mason City Kennel Club reserves the right to refuse admittance of any dog into classes or on the training premises*****

***AS A CONDITION TO ACCEPTANCE OF THIS APPLICATION,
THE AGREEMENT BELOW MUST BE SIGNED.***

AGREEMENT TO HOLD HARMLESS, WAIVER AND ASSUMPTION OF RISK

I understand that attendance of a dog training class is not without risk to myself, members of my family, or guests who may attend, or my dog, because some of the dogs to which I will be exposed to may be difficult to control and may be the cause of injury even when handled with the greatest amount of care.

I hereby waive and release the "Mason City Kennel Club" hereinafter referred to as the "Training Organization", its employees, officers, members, and agents from any and all liability of any nature for injury or damage which I or my dog may suffer, including specifically, but without limitation, any injury or damage resulting from the action of any dog and I expressly assume the risk of such damage or injury while attending any training session, or any other function, of the Training Organization, or while on the training grounds or the surrounding area thereto.

In consideration of and as inducement to the acceptance of my application for training membership by this Training Organization, I hereby agree to indemnify and hold harmless this Training Organization, its employees, officers, members, and agents from any and all claims, or claims by any member of any family or any other person accompanying me to any training session or function to the Training Organization or while on the grounds or the surrounding area thereto as a result of any action by any dog, including my own.

Signature of Owner or Authorized Agent

(In case of a minor, a parent or legal guardian must sign.)

Signature _____ **Date** _____

Fill out address information only if name and/or address is different from information on reverse side.

Address: _____

DO NOT WRITE IN THIS SPACE

Class Fee: _____ Ck# _____ (or Cash)

Rabies _____ Date Vaccination Expires: _____ Given by: _____

DHPPV _____

Vaccinations checked by: _____ **TOTAL PAID: \$** _____

Class/Time: _____ _____ Public _____ Club Member

Please mail application, copy of vaccinations, and check payable to: MCKC

**Mail To: Mason City Kennel Club
PO Box 1336
Mason City, IA 50402-1336**

Students should expect to receive an e-mail confirming a spot in a particular class after we receive your application.