



ABOTC REGISTRATION FORM

Fax this completed form to 214-292-9761
Or scan/email the form to Bill@ABOTC.com
We will call to confirm your registration

Owner's Name _____

Address _____

City, State, ZIP _____ Phone _____

Email Address _____ (Add me to your mailing list)

Occupation _____

Handler's Name _____ Age (if a minor) _____

Dog's Calling Name _____ Dog's Age _____

Breed _____ Sex: Male Female

Has the dog been vaccinated against (check all that apply): Rabies Distemper Parvo Hepatitis

Any known physical defects? _____

How did you learn about ABOTC? _____

Did you adopt/rescue your dog from a shelter? Please provide shelter name and location:

STATEMENT OF RESPONSIBILITY AND WAIVER OF LIABILITY

In consideration of the acceptance of me by the ALL BREED OBEDIENCE TRAINING CLUB (ABOTC) as a member of its dog training classes of instruction, I/we, the undersigned, hereby agree to abide by the rules and regulations of the ABOTC and to be solely and severally responsible for any and all damages or injuries resulting from any act by me or my dog. Further, I will not hold the ABOTC nor any of its members liable in any damage(s) or injury(s) to my dog or me.

Signed this _____ day of _____, 201____.

Signature _____

Name (printed) _____

For ABOTC USE ONLY

Date Paid _____ Amount \$ _____ paid by Cash Check (endorsed to ABOTC)