

COMPANION DOG CLUB of Omaha and Council Bluffs  
10803 North 72nd Street, Omaha, Nebraska, 68122  
402- 572-7276  
<https://companiondogclub.org/>

### Application for S.T.A.R. Puppy Class

**Length of Class: six (6) weeks**

**Class Fees: Non-members: \$84.40 (\$80.00 + \$4.40 NE 5.5% tax) Companion Members: \$73.85 (\$70 + \$3.85 NE 5.5% tax)**

Applications are accepted on a first-received basis. To reserve a place in a class, mail your application and check to the address below. Once classes have begun, no refund shall be made, unless the request is submitted in writing to and is approved by the Club's Board of Directors. If the class limit of students has been reached you are welcome to leave a check for the next available class. You may learn about additional scheduled classes on our website calendar or by calling (402) 572-7276. Enrollees must agree to abide by the training rules below.

#### Training Rules

- Puppy should be at least ten (10) weeks of age and received at a minimum their first series of vaccinations. You must provide puppies veterinarian records. Please attach your vaccination record to the application or bring a copy to your first class. *We strongly recommend that you consult your veterinarian about what vaccinations your puppy should receive before exposure to other dogs in public.*
- One handler must train the same dog throughout the class.
- Children under fourteen (14) years of age are allowed to train only with the approval of the Training Director.
- Each dog is required to have a properly fitted **buckle collar** and **nylon or leather 4-foot leash**. If you do not have the proper equipment, CDC has leashes and collars for sale at wholesale prices. Flex leads are not appropriate for our training classes.
- A dog may be expelled from the class if it continually disrupts the discipline and progress of the other members of the class.
- All dogs must meet the class prerequisites before admittance to class.
- No mistreatment of dogs will be allowed!
- **If the puppy has a cough, upset stomach, diarrhea, fever or any other signs of illness they are to remain home or will excused from class and cannot return without a written health release by veterinarian.**

Please cut on the dotted line below and mail the following application *as soon as possible*. Checks should be made payable to **Companion Dog Club**. If classes are filled, your check will be returned or you may request to be placed on a waiting list.. If you have questions, please call the club for information.

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I understand that attendance at a dog obedience class is not without risk to me, members of my family, or guests who may attend, or to my dog because some of the dogs to which I/we will be exposed may be difficult to control and may cause injury even when handled with the greatest of care. As further consideration for, and as an inducement to, the acceptance of my dog into the obedience class, I hereby agree to indemnify and hold harmless, any instructors from any and all claims by any member of my family or any other person accompanying me to any training session or function or while on the grounds or the surrounding area thereto as a result of any action by any dog, including my own. Additionally, I hereby waive and release Companion Dog Club and any 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 resulting from the action of any dog, and expressly assume the risk of such damage or injury while attending any training session or other function at the training site, or on the grounds or the surrounding area thereto. I have carefully read this agreement and I understand that this is a release of liability and a contract between Companion Dog Club and its members and myself and I have signed it of my own free will.

**Please complete the information below. Please type or print clearly.**

Class Name: **S.T.A.R. Puppy**                      Date of first class: \_\_\_\_\_ Class Time: \_\_\_\_\_

**I hereby make application for the above-described course and agree to abide by the training rules.**

My puppy has been inoculated for rabies, hepatitis, distemper, and parvo.     Puppy is at least ten (10) weeks old.

*Please attach a copy of your puppy's shot record or bring it to the first class.*

Owners Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City/ State/ Zip \_\_\_\_\_

Breed of Dog \_\_\_\_\_ Dog's Call Name \_\_\_\_\_ Age \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

How you heard about class \_\_\_\_\_

**Send application and payment to: Companion Dog Club 10803 N 72nd St. Omaha, NE 68122**