



Manitowoc County Kennel Club

[www.mc-kc.com](http://www.mc-kc.com)

## Registration / Liability / Photo Release

Owner / Handler's Name: \_\_\_\_\_

Street Address & City: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Age: \_\_\_\_\_ months / years

Breed: \_\_\_\_\_

How did you hear about our classes? \_\_\_\_\_

### **MCKC, Inc. Liability Waiver:**

I hereby waive liability regarding the trainers and/or the Manitowoc County Kennel Club for any accidents or damages incurred on the grounds and/or building by any individuals, dogs, or incidents.

**Participant's Signature:** X \_\_\_\_\_

### **Photo Release:**

The Manitowoc County Kennel Club and its representatives have my permission to use my or my child's photograph publically. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

**Participant's Signature –OR–  
Parent/Guardian's signature (if participant is under 18 years old):**

X \_\_\_\_\_

Child's Name (if under 18 years old): \_\_\_\_\_

Date: \_\_\_\_\_

Make Checks Payable to: MCKC

**Please complete behavior  
questionnaire on other side.**

Payment \_\_\_ Received \_\_\_ Need

**To be completed by MCKC Volunteer:**

DHLP \_\_\_ Current \_\_\_ Need  
Negative stool \_\_\_ Current \_\_\_ Need  
Rabies \_\_\_ Current \_\_\_ Need

1) What are your training goals for this class? What do you most want to work on?

2) What type of training / classes have you done previously with your dog?

3) How long have you owned your dog? \_\_\_\_\_ Weeks / Months / Years

4) Where did you get your dog?

\_\_\_ Rescue \_\_\_ Humane Society \_\_\_ Breeder Other \_\_\_\_\_

5) Has your dog ever been in a dog fight (whether or not they started it)?

\_\_\_ No \_\_\_ Yes: At what age? \_\_\_\_\_ How many? \_\_\_\_\_

Injuries? \_\_\_\_\_

6) Has your dog ever growled at: \_\_\_ You \_\_\_ Other People \_\_\_ A Child?

7) Has your dog ever snapped at or bitten: \_\_\_ You \_\_\_ Other People \_\_\_ A Child?

8) Is your dog possessive of his/her:    \_\_\_ Food    \_\_\_ Toys    \_\_\_ Of You?

9) Are you afraid of your dog? \_\_\_ No    \_\_\_ Yes    Are others? \_\_\_ No    \_\_\_ Yes