

Jackson Obedience Training Club, Inc.  
Post Office Box 193, Jackson, MS 39205-0193

Telephone (Leave Message):  
601.352.DOGS (3647)

**\*\* APPLICATION FOR TRAINING CLASS \*\***

-----Circle Choice of Class Location Below-----

**South Class Rally**

-----Check Choice of Class Below-----

**Rally Class** (Basic is a prerequisite)\*

**First class - \$75; Second Class for same dog - \$65**

-----  
This area to be completed by a JOTC representative:

Amount Paid: Cash (\$\_\_\_\_\_) Check # \_\_\_\_\_ (\$\_\_\_\_\_) Rec'd by: \_\_\_\_\_ Date: \_\_\_\_\_

-----  
Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Can we leave a message? \_\_\_\_\_

Can we call you at work? \_\_\_\_\_ If so, Work Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employed by: \_\_\_\_\_ Occupation: \_\_\_\_\_

E-mail Address: (write very clearly) \_\_\_\_\_

-----  
Dog's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

(If mixed breed please give mix)

Person Training The Enrolled Dog: \_\_\_\_\_ (Only one person can train during the 9 week period).

I learned of the classes by: Brochure \_\_\_; Newspaper \_\_\_; Previous Class \_\_\_; Radio \_\_\_; Telephone Listing \_\_\_;

Vet \_\_\_; Television \_\_\_; Other (identify) \_\_\_\_\_; JOTC Member or Friend (give name): \_\_\_\_\_;

What are your expectations of this class? \_\_\_\_\_

-----  
At this time is there a situation or condition in your life or anything regarding your dog that we need to be aware of in order to better assist you though the nine weeks of training? \_\_\_\_\_

-----  
(The above comments will not be shared with anyone other than your instructor.)

-----  
I agree to adhere to the training rules and regulations of the Jackson Obedience Training Club, Inc. as attached. (2) I accept the responsibilities of my dog during the time I am participating in training classes. (3) I further agree that I hereby release and waive any right that I may have at law, to hold the Jackson Obedience Training Club, Inc., its members, instructors, agents and officers, and or the owner of the premises, liable for any injury which occurs to me or to my dog, dogs or other property.

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

If under 18 years of age, signature of parent or guardian: \_\_\_\_\_

**JACKSON OBEDIENCE TRAINING CLUB, INC.**  
**Rules and Regulations for Dog Training Class**  
*Please read and direct any questions to the registrar or your instructor*

**(WOLVES AND/OR WOLF-HYBRIDS ARE NOT ALLOWED IN TRAINING CLASSES OR AT THE TRAINING SITES.  
By JOTC Board of Directors 1993)**

1. Pre-registration preferred. Mail application, vaccination verification and payment (no less than six days before class begins) to:  
**JOTC Post Office Box 193 Jackson, MS 39205.**  
(This lead time is necessary so we can get the paperwork completed and a confirmation letter to you with additional class information.) If you have missed the mail-in deadline and need to get into the class, Please call MaryJo 601.371.4456
2. All dogs must be transported to class in a safe manner. No dog shall ride loose in the bed of a pickup (unless covered) or in a vehicle that would allow the dog to jump out. By no means shall a dog be transported in the trunk of a car.
3. No dog will be allowed in class without a proper collar and a six foot leash –leather is preferred. retractable, chain, ropes or round styles and other make-shift leashes will be not tolerated.
4. Be on time for the class as indicated in your confirmation letter.
5. You must attend training sessions to receive the homework sheets.
6. Bring water and bowl for dog and treats to be used in training.
7. No dog will be allowed off leash. Keep a firm hold of your leash.
8. If your dog relieves itself in any manner, you must clean it up.
9. No dog will be allowed to bark or otherwise cause a disturbance without being properly corrected.
10. Failure to keep your dog under control or failure to praise and correct as required by your instructor may result in the dog and/or handler being barred from the premises.
11. No dog will be allowed to threaten or charge other dogs or people without being properly corrected.
12. Dogs not registered in class will not be allowed at the training site without prior approval of the training director and will be subject to all rules of conduct and health requirements.
13. Conversation should not take place between students during the instructor's explanations and demonstrations.
14. You must train at home to get results.
15. No smoking during class. and no alcoholic beverages on the training premises at any time.
16. Maintain a safe distance between dogs, approximately six feet or as designated by your instructor.
17. No student shall leave a dog unattended.
18. Bitches in season will not be allowed to attend the class but the owner should attend.
19. In order to graduate, you must attend at least five of the nine classes.
20. If in the opinion of your instructor, your dog is not qualified, you will not graduate. This will be discussed with you individually.
21. Cell Phones should be left in your vehicle during training classes.

I, the undersigned, acknowledge that I have read and agreed to the above rules and regulations to attend this training class.

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

**Jackson Obedience Training Club, Inc.**  
Post Office Box 193 Jackson, MS 39205  
Telephone: 352-DOGS (3647)

**\*\*\*\*\*Vaccination Verification\*\*\*\*\***  
(Please print legibly. Fill out all items.)

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ Ext. \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_

(If a mixed breed, give mix.)

1. **Mandatory Vaccination: Must be administered by a licensed veterinarian.**

Rabies \_\_\_\_\_ Tag No. \_\_\_\_\_ (Attach, mail or deliver a paper copy of  
Date rabies certificate with this application.)

2. **Strongly Recommended Vaccinations: (Indicate latest date of vaccination.)**

Bordetella \_\_\_\_\_

Coronavirus \_\_\_\_\_

Distemper \_\_\_\_\_

Hepatitis \_\_\_\_\_

Leptospirosis \_\_\_\_\_

Parainfluenza \_\_\_\_\_

Parvovirus \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_