

WAUKESHA KENNEL CLUB

2016 HEALTH CLINIC MAIL IN REGISTRATION FORM

****NEW**** TO REGISTER YOUR DOG FOR THE HEALTH CLINIC OR B-OB MATCH, AND PAY BY CREDIT CARD WITH PAY PAL GO TO:
<http://www.waukeshakennelclub.org>

Advance registrations will be taken through training classes (by the show secretary) on February 10, 2016, additional registrations will be taken through the event or until all clinics are full. Kindly print clearly. All fields marked with an asterisk (*) are required fields on both pages.

ONE HEALTH CLINIC REGISTRATION FORM PER DOG

* NAME _____

* ADDRESS _____

* CITY _____ * STATE ____ * ZIP _____

* EMAIL _____

* DOG'S CALL NAME _____

* DOGS BREED _____

* DOGS DATE OF BIRTH _____

AKC REGISTRATION # (IF AVAILABLE) _____

CHOOSE YOUR PREFERRED TIME SLOT (CIRCLE ONE)

YOU WILL BE EMAILED WITH ENTRY & TIME SLOT CONFIRMATIONS.

8:00 to 10:00 10:00 to 12:00 12:00 to 2:00 ANY TIME

HEALTH CARE CLINIC Form

\$ _____ OFA EYE CLINIC (\$45.00)
\$ _____ CARDIOLOGY EXAMINATION (\$50.00)
\$ _____ MICROCHIP APPLICATION (\$35.00)
\$ _____ DHLPP (\$30.00)
\$ _____ DHPP (\$30.00)
\$ _____ RABIES (\$25.00)
\$ _____ HEARTWORM TESTS (\$45.00)
\$ _____ MICROCHIP INSERTION (\$35.00)

\$ _____ **TOTAL FEES FOR THIS DOG**

KINDLY FILL OUT, AGREE AND SIGN YOUR FORM. YOU MAY PAY ALL YOUR HEALTH CLINIC SUBMISSION(S), COMBINED WITH ONE CHECK. YOUR HEALTH CLINIC CHECK MUST BE A SEPARATE CHECK FROM YOUR SHOW ENTRY PAYMENT.

CHECK PAYABLE TO: WAUKESHA KENNEL CLUB

MAIL COMPLETED FORM TO OUR SHOW SECRETARY

MARYLOU MADER

4517 WEST VLIET STREET, MILWAUKEE, WISCONSIN 53208,
EMAIL INQUIRIES: secretary@waukeshakennelclub.org
Phone (414) 699-1544

STATEMENT OF UNDERSTANDING

As with any medical or surgical procedure, there is a slight risk including anaphylaxis that may be associated with these vaccinations and other medical procedures.

* I UNDERSTAND (KINDLY CHECK)

WKC AGREEMENT

I (we) agree to hold the AKC, the Waukesha Kennel Club, their members, directors, officers, and the owner and/or lessor of the premises and any provider of services that are necessary to hold this event and any employees or volunteers of the aforementioned parties, harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of this dog while in or about the event premises or grounds or near any entrance thereto, and I (we) personally assume all responsibility and liability for any such claim; and I (we) further agree to hold the afore mentioned parties harmless from any claim for loss, injury or damage to this dog. Additionally, I (we) hereby assume the sole responsibility for and agree to indemnify, defend and save the aforementioned parties harmless from any and all loss and expense (including legal fees) by reason of the liability imposed by law upon any of the aforementioned parties for damage because of bodily injuries, including death at any time resulting therefrom, sustained by any person or persons, including myself (ourselves), or on account of damage to property, arising out of or in consequence of my (our) participation in this event, however such, injuries, death or property damage may be caused, and whether or not the same may have been caused or may be alleged to have been caused by the negligence of the aforementioned parties or any of their employees, agents, or any other persons.

I AM AN AUTHORIZED OWNER OF THIS DOG AND I HAVE READ THE AGREEMENT ABOVE. BY SIGNING, I AGREE TO THE TERMS WITHIN IT.

*X