



Higher Education for Canines

TRI-STATE K9 UNIVERSITY  
APDT Members / AKC CGC Evaluators  
P.O. Box 6432  
Evansville, IN 47719  
812 -305-4737 www.TSK9U.com

**For office use only**  
Receipt # \_\_\_\_\_  
Date \_\_\_\_\_  
Conf. \_\_\_\_\_

# TSK9U Enrollment Form

**START DATE** \_\_\_\_\_ **TIME** \_\_\_\_\_ **DAY** \_\_\_\_\_

**TRAINING FACILITY** \_\_\_\_\_

- IN-HOME TRAINING**
- PRIVATE 1/2 HOUR**
- PRIVATE 1 HOUR**
- POTTY TRAINING**
- K9 PLAYTIME**
- CHRISTIANS & THEIR K9s**
- K9 KIDS**
- NEW PARENTS & THEIR K9s**
- AKC CGC TEST**
- FRESHMAN K9**
- SOPHOMORE K9**
- JUNIOR K9**
- SENIOR K9**

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

( ) \_\_\_\_\_

Daytime # \_\_\_\_\_

( ) \_\_\_\_\_

Evening # \_\_\_\_\_

E-Mail \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name of K9 \_\_\_\_\_

Breed of K9 \_\_\_\_\_

Age of K9 \_\_\_\_\_

Male or Female \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

I understand and agree that TRI-STATE K9 UNIVERSITY or any other participant shall not be liable for any injury or damage to any person, animal, or property, which results from the training or behavior of my pet. I also understand and agree that the above listed shall not be held liable for any costs or expenses incurred in connection with any claim occurring as a result of my pets participation in the training program.

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

Date \_\_\_\_\_

## PROOF OF CURRENT VACCINATIONS REQUIRED!

**PARVOVIRUS    DISTEMPER    BORDATELLA    PARAINFLUENZA    RABIES**