

**U.S.P.C.A. REGION 19 DETECTOR DOG
REGISTRATION FORM
HOSTED BY PORT HURON POLICE
OCTOBER 14, 2017**

Applicant: _____
Last Name First Name

Agency: _____
Agency Name Agency Phone Number

Dogs Name: _____ Breed: _____ Sex: _____ Spayed/Neutered _____

E-Mail: _____ Mobile Phone: _____

REGISTRATION COST: The cost of Registration will be **\$85** MCOLES #: _____

CERTIFYING IN: *Please check all that apply*

Narcotics Detection Explosives Detection Cadaver Detection Tracking
Firearms Detection Other _____

***Please make checks or money orders payable in US Funds to: **USPCA REGION 19**

***Mail this application and check to: **USPCA Region 19
P.O. Box 2507
Birmingham, MI 48012 USA**

Any Questions? Please call or email Ray Kerimian: uspcal9@hotmail.com (313) 350-0474

HOST HOTEL: **Holiday Inn
2021 Water St.
Port Huron, Michigan USA 48060 Telephone: (810) 662-3400**

I hear by waive and relinquish the United States Police Canine Association, Region 19 Inc., the Port Huron Police Department, the host hotel and event organizers and associates of this event from any physical or mental injury to myself or my canine. I also agree to abide by the rules established by the USPCA and take all responsibility for myself and/or my dog's actions while attending this event. I understand the physical nature of these trials and relinquish any liability from the organizers or other participants of the event. My dog is in good physical condition and is up to date on all shots and vaccinations. Furthermore, I accept responsibility for any damage caused by either myself or my canine to the host hotel, or any injury or damage caused by either myself or my canine to any person or property while attending this event.

Applicant's Signature

Date