



For Office Use Only | Date Paid: _____

Registration Release of Liability Payment

Rabies DHLPP Bordetella

Group Training

Class _____ **Start Date/Day** _____ **Location** _____

Owner's Information **Please PRINT clearly**

Name _____ Email _____

Cell _____ Home _____ Work _____

Address: _____ City _____ Zip _____

Dog's Information

Name: _____ Date of Birth _____ Breed(s) _____

Male Male/Neutered Female* Female/Spayed *Females in heat cannot attend class

When did you get your dog? _____ Allergies _____

Proof of Rabies, DHLPP/DHPP, and Bordetella provided? Yes No

Has your dog had any previous training? **If yes, please describe.**

Has your dog ever bitten a person or dog? **If yes, please describe.**

Can you take any item from your dog without any problems? **If no, please describe.**

How does your dog respond to unfamiliar people?

Wiggly or Stiff | Approaches or Avoids | Wags Tail or Tucks Tail | Barks or Quiet

Comments _____

How does your dog respond to unfamiliar dogs?

Wiggly or Stiff | Approaches or Avoids | Wags Tail or Tucks Tail | Barks or Quiet

Comments _____

If your dog barks in the presence of people or other dogs are they able to settle and stop barking after a period of time? Yes No

Does your dog display any discomfort or aggression in the presence of people or other dogs? Yes No Explain _____

Please see reverse side of form for additional information



Class Agreements

Please read and initial the following statements.

I understand that my enrollment in class is not guaranteed until all forms, proof of vaccines, and payment are received. **Training fees are nonrefundable.**

I agree to provide proof of my dog's Rabies, Distemper series (DHLPP or DHPP), and Bordetella (Kennel Cough). Exceptions are made for puppies too young to receive Rabies. I understand failure to provide proof of these vaccines may result in my dog being unable to attend class. _____

I understand there are no guarantees with dog behavior and training, and that the responsibility lies on myself and the involved parties to implement the recommended training techniques taught in class. _____

I certify to the best of my knowledge that I have completed this form accurately and honestly. To the best of my knowledge my dog is comfortable around people and other dogs. I understand that if my dog becomes unfit for group class that I may be excused and other options will be discussed. _____

Signature _____ **Date** _____