

Paws Abilities Dog Training
Registration for All Puppy/Dog Training Classes

OWNER/HANDLER INFORMATION: (Please print clearly)

Name(All Handlers) _____

Address _____

City _____, Zip _____

Phone(best #(s) to contact you) _____

E-Mail Address _____

How did you here about us? _____

DOG INFORMATION:

Dog's Name _____

Breed(or Mix) _____ Weight _____

Sex (M/F) _____ Birth Date (or Approximate Age) _____

Veterinary Clinic _____

Phone Number _____

WAIVER AND ASSUMPTION OF RISK: (Please read carefully before signing)

By signing this registration form, I accept all responsibility for actions by me, my dog, and my family members or guests that may result in injury to persons or dogs or property while at any Paws Abilities dog training class. I also agree to indemnify and hold harmless Paws Abilities Dog Training, any Veterinary Hospital/Clinic or business who rents space to Paws Abilities Dog Training, its class instructors, owners and employees from all claims by me, or by members of my family or guests that accompany me, for injury to said persons or dogs or property.

I understand that I must take my own precautions to keep myself, my guests, my dog and others safe, including safety in the parking lot. I also understand that class instructors will permit dogs to socialize to help train appropriate behavior, and that I must use my discretion in allowing my dog to participate in this socialization. The "Participant Profile" contains my best knowledge regarding my dog's behavior around other dogs and unfamiliar persons. While this information is intended to help the instructors prevent problems and assist with training, I understand it is not an absolute predictor of any dog's behavior in a new environment. I sign this agreement knowing the unpredictability of my dog and the greater unpredictability of dogs I don't own. I understand class instructors may choose to dismiss any dog from class without refund in the event of demonstrated aggressiveness posing a threat to the safety of myself, other persons or other canines. I agree to all rules that may be brought to my attention either verbally or in writing for the safety of class participants.

For the safety of all persons and dogs involved in class, I certify that my dog has current vaccinations for rabies (for pets 24 weeks and older). To the best of my knowledge, my dog is also free of illness, internal and external parasites, and can safely participate in class activities without risk to his own health or the health of other class participants. I will further ensure that my pet will continue to meet these requirements.

Signature (must be 18 years of age)

Date

To be completed by your instructor:

Rabies: _____

DHLPP: _____

Bordetella: _____

Fecal Exam: _____

Completed by: _____

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