Enjoyable Dogs

Registration for Training

Please Print

 Handler Information

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| HANDLER’S NAME | HOW DID YOU LEARN ABOUT THESE CLASSES Web search \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Friend (who?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Flyer (where?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Veterinarian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ad (where?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Groomer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Kennel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| STREET |
| CITY STATE ZIP |
| WORK PHONE HOME PHONE CELL PHONE  |
| e-mail AGE (if under 18)preferred way to contact: e-mail text work home cell |

 Dog Information

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| DOG’S NAME | Gender: M FSpayed or neutered: Yes No |
| BREED  | DATE OF LAST VACCINATION OR TITER:Rabies \_\_\_\_\_\_\_\_\_\_\_\_\_ Bordetella \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Distemper-adeno-parvo combo \_\_\_\_\_\_\_\_\_\_\_\_\_  |
| VETERINARIAN |
| Does your dog have any food sensitivities? No Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Birthdate, if known \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OR Estimated age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long have you had this dog? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dog adopted from: mother’s owner shelter/rescue other Have you owned a dog before? Yes No If yes, what breed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Have you trained a dog before? Yes No If yes, what breed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What do you hope to accomplish with your dog (household manners/ Therapy Dog/Canine Good Citizen/Dog Scout/ other)? |

AS A CONDITION TO ACCEPTANCE OF THIS APPLICATION, THE AGREEMENT ON THE REVERSE SIDE MUST BE SIGNED

PLEASE DO NOT WRITE BELOW THIS LINE

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| Paid \_\_\_\_\_\_\_\_\_\_\_\_ Cash Check ChargeNotes  |

AGREEMENT TO HOLD HARMLESS, WAIVER AND ASSUMPTION OF RISK

I understand that attendance of a dog obedience training class is not without risk to myself, members of my family or guests who may attend, or my dog, because some of the dogs to which I will be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care.

I hereby waive and release Enjoyable Dogs, hereinafter referred to as the “Training Organization,” its employees, officers, members and agents from any and all liability of any nature, for injury or damage which I or my dog may suffer, including specifically, but without limitation, any injury or damage resulting from the action of any dog, and I expressly assume the risk of such damage or injury while attending any training session, or any other function, of the Training Organization, or while on the training grounds or the surrounding area thereto.

In consideration of and as inducement to the acceptance of my application for training membership by this Training Organization, its employees, officers, members and agents from any and all claims, or claims by any member of any family or any other person accompanying me to any training session or function to the Training Organization, or while on the grounds or the surrounding area thereto as a result of any action by any dog, including my own.

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| Signature of Owner or Authorized Agent Date(In case of a minor, a parent or legal guardian must sign) |
| Name of Owner (if different from name on reverse side) |