

The Dog School Registration Form

OWNER INFORMATION

DOG INFORMATION

Name: _____

Name: _____

Address: _____

Breed(s): _____

Date of Birth: _____

Phone: Day: _____

Gender: _____ Spay/Neutered? Y or N

Evening: _____

If not, are you planning on it: Y or N

Email: _____

Veterinarian: _____

How did you hear about our training services: _____

Current vaccinations are required as per your veterinarian's recommendations. Please list the vaccinations & date received:

What issues are you having with your dog? _____

TYPE OF CLASS ARE YOU ENROLLING IN* (circle one): Agility Obedience Dog Communication Spirited Dog

WHAT LEVEL (if appropriate, circle one): For obedience: Beginner Intermediate Advanced

For Agility: Beginner Advanced Beginner, Intermediate Advanced Intermediate Competition

LOCATION OF CLASS (circle one): Williston Huntington

STARTING DATE OF CLASS: _____

AMOUNT ENCLOSED: _____

TIME OF CLASS: _____

(Minimum \$30.00 non-refundable deposit must accompany this form)

WAIVER AND AGREEMENT TO HOLD HARMLESS

I understand that participation in The Dog School Obedience Classes, Agility Classes, Boarding, Private Lessons, Other Classes, Consults or Events is not without some risk, that despite all the dogs appearing healthy, and being handled with the greatest amount of care and foresight, dogs aren't always predictable and the unexpected may occur. I hereby assume any and all risks that would customarily and ordinarily occur by my participation in dog handling, dog movement or activities on site, and waive and release to the benefit of The Dog School in consideration for my acceptance and participation in the program. I hereby waive and release The Dog School, its employees, owners and agents from any and all claims while on the grounds or surrounding area thereto, and resulting from participation in The Dog School, including specifically, but without limitation, any injury or damage resulting from the action of any dog, including my own. I further agree to pay veterinary/medical expenses incurred as a result of injury caused by my dog(s). I give The Dog School permission to seek veterinary care if necessary for my dog(s) at my expense; however I will not hold The Dog School responsible if they fail to seek veterinary care.

Signed: _____

Date: _____

(If a minor, parent or legal guardian must sign)

Please mail this form and \$30.00 non-refundable deposit to: The Dog School, 55 Leroy Road, #15, Williston, VT 05495.
Please make check payable to: The Dog School.

NO CONFIRMATION WILL BE SENT except for agility classes. Class size is limited. If the class you requested is full, we will contact you. If you do not hear from us, please show up on the start date of your class.