



# CANINE OBEDIENCE TRAINING

at Hunt Club  
*Training with Dory Est. 1998*

Bring forms and payments to your first class. You can also pay online via the website and PayPal.

## REGISTRATION FORM

Class Schedules				<input type="checkbox"/> Group <input type="checkbox"/> Private <input type="checkbox"/> In Home	
<b>Desired Class:</b>					
<input type="checkbox"/> KPT (Puppy Kindergarten / AKC S.T.A.R.)		<input type="checkbox"/> RALLY (All Levels)			
<input type="checkbox"/> BASIC Obedience		<input type="checkbox"/> COMBO (1 or more above combined)			
<input type="checkbox"/> SUB (Intermediate)		<input type="checkbox"/> LITTLE PAWS Obedience* Indicate Level: _____			
<input type="checkbox"/> NOVICE (Advanced)		<input type="checkbox"/> LITTLE PAWS AGILITY* (All Levels)			
<b>Desired Class Details:</b> <i>(Check all weekday evenings and/or Saturday times you are available. Use space for notes.)</i>					
<i>Evenings Classes</i>					
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday					
<i>Morning Classes</i>			<i>Afternoon Classes</i>		
<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday			<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		
Owner/Handler Information					
<b>Owner's Name:</b>				<b>Occupation:</b>	
<b>Handler</b> <i>(if other than owner):</i>					
<b>Address:</b>			<b>City:</b>		<b>State:</b>
<b>Zip:</b>					
<b>Cell Phone:</b>		<b>Email:</b>		<b>Work Phone:</b>	
<b>Where did you hear about our training center?</b> <i>(website, vet, friend, previous client, etc.)</i>					
Dog Information					
<b>Dog's Call Name:</b>				<b>Breed:</b>	
<b>Dog's Registered Name:</b>					
<b>Dog's Date of Birth:</b>			<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Spayed/Neutered:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Acquired Age of Dog:</b>		<b>Where or From Whom Acquired:</b>			
<b>What other breeds do you own?</b>					
<b>AKC Show interests:</b> <input type="checkbox"/> Conformation <input type="checkbox"/> Obedience <input type="checkbox"/> Rally <input type="checkbox"/> Other					
<b>Other fun activities you want to do with your dog:</b> <input type="checkbox"/> Advanced Obedience <input type="checkbox"/> Agility <input type="checkbox"/> Flyball <input type="checkbox"/> Dog Meetups					
<b>Certification interests:</b> AKC Canine Good Citizen (CGC) <input type="checkbox"/> Yes <input type="checkbox"/> No Therapy-certified dog (TDI)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Have you ever trained a dog before?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Has your dog ever bitten anyone?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, explain:</i>					
<b>What are your training goals?</b> <i>(Describe any problems you are having with your dog.)</i>					
Health Information					
<b>Vaccinations:</b> <input type="checkbox"/> DHPP _____ 1 yr / 3 yr <input type="checkbox"/> Bordetella _____ <input type="checkbox"/> Rabies _____ 1 yr / 3 yr <input type="checkbox"/> Canine Flu _____					
<small>Date</small>		<small>Circle</small>		<small>Date</small>	
<b>Vet's Name:</b>		<b>Clinic Name:</b>		<b>Clinic Phone:</b>	

(OVER)

*\*Little Paws Classes are for dogs 40 pounds and under.*

**WAIVER, ASSUMPTION OF RISK AND AGREEMENT TO INDEMNIFY AND HOLD HARMLESS**

I understand that attendance and/or participation at a dog training facility involves some degree of risk. There is a potential risk to me, members of my family or anyone else who may attend with me or at my invitation. There is also a risk to my dog(s). These risks may include, but are not limited to, injury or death resulting from: i) failure of equipment; ii) hazardous or dangerous conditions due to faulty, poorly designed or misplaced equipment; iii) slippery or uneven ground or floor surface; iv) collision with another person or animal; and, v) attack by an animal not under proper control.

Understanding these risks, and in consideration of my enrollment in training classes, I hereby agree to the following:

1. I agree to hold Canine Obedience Training ("COT"), its owner, agents, employees, and the owner of the premises and any of his/her employees, harmless from any claim for loss, injury or death which may be alleged to have been caused, directly or indirectly, to any person or thing by the act of any dog while on the grounds or surrounding area of the training facility, and I (we) personally assume all responsibility and liability for any such claim; I (we) understand that some of the dogs to which I (we) will be exposed may be difficult to restrain or control, and may be the cause of injury to myself (ourselves) even when handled with the utmost care. I (we) further agree to hold the aforementioned parties harmless from any claim for loss of this pet by disappearance, theft, death or otherwise, and from any claim for damage or injury to the pet whether such loss, disappearance, theft, damage or injury be caused or alleged to be caused by the negligence of COT or any of the parties aforementioned, or by the negligence of any other person, or any other cause or causes. I (we) hereby assume the sole responsibility for and agree to indemnify and save the aforementioned parties harmless from any and all loss and expense (including legal fees) by reason of the liability imposed by law upon any of the aforementioned parties for damage because of bodily injuries, including death at any time resulting therefrom, sustained by any person or persons, including myself (ourselves), or on account of damage to property, arising out of or in consequence of my (our) participation in COT events, training classes, classes or any other function, howsoever such injuries, death or damage to property may be caused, and whether or not the same may have been caused or may be alleged to have been caused by negligence of the aforementioned parties or any of their employees or agents, or any other persons.
2. I will not bring my dog(s) to the training facility if it is ill, or has been knowingly exposed to any canine communicable disease.
3. I certify that my dog(s) is current on all inoculations, particularly Distemper/Parvo and Rabies (once of proper age). I have been advised that, at least 48 hours prior to participation, it is beneficial for my dog(s) to have received medication to reduce the risk of canine Bordetella (Kennel Cough).
4. I certify that I do not have any physical or mental condition which will restrict or otherwise limit my participation in the training exercises and that I am in good health. I understand that I am advised by COT to consult with my physician prior to participation in any physical activity.
5. I will wear clothing and shoes suitable for training and understand that I may be asked not to participate if my attire is deemed unsafe or unsuitable for training, which determination shall be made at the sole discretion of COT.
6. I will abide by all of the training rules and regulations of COT and agree to comply with all requests of the trainer for proper handling of my dog(s) while on the premises of the training facility. I will supply a suitable leash and collar, and any other equipment that may reasonably be required of me by COT.
7. I will not be due any refund for payment of unused lessons.
8. I hereby certify that I am the owner of or authorized agent for the owner of any dog I bring onto the premises.
9. If, at the sole discretion of any representative of COT, my dog(s) or anyone I bring with me is out of control, or creating a dangerous or unpleasant situation in class or on the field, and that representative asks me to leave, I agree to do so immediately.

**I HAVE READ, UNDERSTAND AND AGREE TO THE FOREGOING:**

**Signature of Owner(s) or Authorized Agent:**

**Date:**

\_\_\_\_\_

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For persons under the age of eighteen (18) years who will be participating and/or attending class sessions, a parent or other legal guardian must sign on behalf of such minor:

**Signature on behalf of minor (name) \_\_\_\_\_:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

**\*\*Make checks or money orders payable to C.O.T.**