



CANINE TRAINING AND
BEHAVIOR SERVICES, LLC

REGISTRATION FORM

CLASS: _____

LOCATION/TIME: _____

NAME: _____ PAID: _____

ADDRESS: _____ EMAIL: _____

_____ PHONE: _____

DOG'S NAME: _____ BREED: _____ DOG'S AGE NOW: _____

Please read and sign the following release. No registration will be accepted without a signature.

RELEASE & HOLD HARMLESS

In consideration of admittance to obedience instruction to be conducted by Margaret Reed, the undersigned hereby releases and forever discharges Margaret Reed, her officers, and instructors from any and all claims, demands, and liabilities to the undersigned on account of losses and damages, of any injuries to the undersigned's person and/or property, including the undersigned's dog, which may result during the course of the undersigned's participation in the obedience classes.

The undersigned also hereby covenants and agrees, in consideration of the said admittance, to defend, protect, and save harmless Margaret Reed, her officers and instructors from any loss, damage, or expense, by reason of litigation or otherwise, on account of claims, liabilities and injuries to the person or property of third parties arising directly or indirectly out of the undersigned's, and the undersigned's dog's participation in said classes.

SIGNED: _____

PRINTED NAME: _____

DATED: _____

ALL HANDLERS MUST BE AT LEAST 14 YEARS OF AGE. A PARENT OR GUARDIAN MUST SIGN THIS FORM IF THE HANDLER IS UNDER 18 YEARS OF AGE. DURING CLASS, A PARENT OR RESPONSIBLE ADULT MUST REMAIN WITH THE HANDLER WHO IS UNDER 18 YEARS OF AGE. NO VIDEO CAMERAS OR PHOTOGRAPHY DURING CLASS. NO REFUNDS FOR SESSION DROPOUTS OR MISSED CLASSES.



REGISTRATION CONTINUES ON NEXT PAGE



DOG INFORMATION



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How old was your dog when you got it? _____

Where did you get your dog? (circle one) PRIVATE FAMILY BREEDER SHELTER/POUND RESCUE

Describe your dog's personality and behavior when purchased/adopted:

Why did you acquire this dog? _____

Have you ever owned a dog before? _____ Other animals? _____

How many people are in your household? MALES: _____ AGES: _____

FEMALES: _____ AGES: _____

Where does your dog spend most of his/her time? (circle places that apply)

APARTMENT HOUSE KITCHEN BASEMENT GARAGE OUTDOORS TIED PEN CRATE OTHER:

How many hours a day does the dog spend alone? _____

Has your dog ever shown aggression (growling, snapping, biting) toward adults? Children? Other dogs? Other animals? If yes, please describe:

What is the major problem you want solved in this class? What are your goals for this class?

How did you hear about us? _____

YOUR DOG'S LICENSE NUMBER: _____ TOWN: _____ STATE: _____

NAME OF YOUR VETERINARIAN: _____

VETERINARIAN'S PHONE: _____

WHEN DID YOUR DOG HAVE ITS LAST RABIES SHOT? _____

PARVO SHOT (usually part of the DAPP/DHPP vaccine)? _____