

DOMINION DOG TRAINING CGC REGISTRATION

DATE:	_ IIME:	
Name:	Dog's Name:	
Dog's Breed:	A	،GE:
Sex: M/F	NEUTERED/SPAYED: Y/N	
Address:		
EMAIL ADDRESS:		
Phone:		HOME/CELL/WORK
Name of Vet. Clinic	::	
Doctor's name:		
LIABILITY RELEASE:		
PARTICIPANTS OR ASSIS		C. OR ANY REFERRING ORGANIZATION, OTHER ANY DAMAGES OR LOSS RESULTING FROM DOG'S OWNER.
THE DOG. SHOULD ANY TO PROPERTY, OWNER, OR RESPONSIBILITY AND LIASOLVE DOMINION DOG	BEHAVIOR ON THE DOG'S PART N OR PERSONS OF SOME THIRD PAF ABILITY TO SUCH THIRD PARTY FOI	Y THE RESPONSIBILITY OF THE OWNER OF TOW OR IN THE FUTURE RESULT IN DAMAGE RTY, THE OWNER AGREES TO ASSUME FULL R ANY AND ALL SUCH DAMAGE AND TO ABVY REFERRING ORGANIZATION OR OTHER PARH DAMAGE TO A THIRD PARTY.
TRAINING, INC., TRAINEF PARTICIPANTS ARE NOT	RS, REPRESENTATIVES, OR ANY RE LIABLE FOR LOSS OR DAMAGE FR	OTHERWISE HANDLED BY DOMINION DOG EFERRING ORGANIZATION AS WELL AS OTHER ROM DISEASE, DEATH, RUNNING AWAY, THEFT, ALS OR PROPERTY BY SAID DOG(S).
DURING CLASSES. WE F		EE TO KEEP THEM QUIET AND IN CONTROL INE TO LEAVE THE PREMISES. NO ALCOHOL S.
I HAVE READ THE ABOVE TIONS HEREIN.	CONTRACT AND LIABILITY RELEA	SE AND AGREE TO ALL TERMS AND CONDI-
Dog Owner's Signa	TURE:	
PRINT NAME:		DATE: