

## DOMINION DOG TRAINING

# Day Training (Basic) Registration

Owner's name:		Date:		
Address:	CITY:	STATE:	ZIP:	
Email Address:				
Рноле: Номе:	Work:	Cell:	Is Texting Okay? Y/N	
Dog's Name:		_ Dog's Breed:		
Dog's Gender: M F Dog	G'S AGE: How	OLD WAS YOUR DOG WH	IEN YOU ACQUIRED IT?	
WHERE DID YOU ACQUIRE YO	ur dog? (breeder, pe	T SHOP, RESCUE, SHELTE	ER, ETC.)	
IS YOUR DOG SPAYED OR NEL	JTERED? Y N			
IS YOUR DOG AN INSIDE	_OR OUTSIDE DO	OG?		
Do you regularly leash w How does your dog walk'				
IS YOUR DOG SENSITIVE ABOU				
IS YOUR DOG POSSESSIVE OF HAS YOUR DOG EVER BITTEN HAS YOUR DOG EVER BITTEN IF YES TO ANY OF THE ABOVE	ANOTHER DOG? Y N A HUMAN? Y N			
What is your dog training No training Bas			Puppy class	
IF YOU'VE ATTENDED OTHER	CLASSES, WHERE?			
HOW DID YOU HEAR ABOUT U	s?			

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_



DATE:

### DOMINION DOG TRAINING

#### LIABILITY RELEASE FORM

#### PRE-EXISTING CONDITIONS

DO YOU OR YOUR DOG HAVE ANY PRE-EXISTING CONDITIONS THAT MAY HAVE AN IMPACT ON YOUR TRAINING? Y N IF YES, PLEASE SPECIFY THE CONDITIONS SO WE CAN HELP YOU AND YOUR DOG HAVE THE BEST EXPERIENCE POSSIBLE: Veterinarian Contact I HEREBY GIVE PERMISSION TO DOMINION DOG TRAINING, INC., OR ITS REPRESENTATIVES TO CONTACT MY VETERINARIAN CLINIC TO VERIFY MY DOG'S VACCINATION STATUS OR DISCUSS ISSUES THAT MIGHT BE PERTINENT TO OBEDIENCE CLASSES. INITIAL CONSENT: \_\_\_\_\_ Veterinarian Clinic: \_\_\_\_\_\_ VETERINARIAN NAME: VETERINARIAN PHONE: LIABILITY RELEASE THE OWNER AGREES THAT DOMINION DOG TRAINING, INC., INSTRUCTORS, ANY REFERRING ORGANIZATION, OTH-ER PARTICIPANTS, REPRESENTATIVES, OR ASSISTANTS WILL NOT BE LIABLE FOR ANY DAMAGES OR LOSS RESULT-ING FROM COUNSELING, INSTRUCTION, OR ADVICE SUPPLIED TO THE DOG'S OWNER. THE DOG'S BEHAVIOR NOW AND IN THE FUTURE IS SOLELY THE RESPONSIBILITY OF THE OWNER OF THE DOG. SHOULD ANY BEHAVIOR ON THE DOG'S PART NOW OR IN THE FUTURE RESULT IN DAMAGES TO PROPERTY, OWN-ER, OR PERSONS OF SOME THIRD PARTY, THE OWNER AGREES TO ASSUME THE FULL RESPONSIBILITY AND LIABIL-ITY TO SUCH THIRD PARTY FOR ANY AND ALL SUCH DAMAGES AND TO ABSOLVE DOMINION DOG TRAINING, INC., INSTRUCTORS, ANY REFERRING ORGANIZATION, OTHER PARTICIPANTS, REPRESENTATIVES, OR ASSISTANTS FROM ANY AND ALL OBLIGATIONS TO PAY SUCH DAMAGES TO A THIRD PARTY. OWNER AGREES THAT ANY DOG TRAINED OR OTHERWISE HANDLED BY DOMINION DOG TRAINING, INC., INSTRUC-TORS, ANY REFERRING ORGANIZATION, OTHER PARTICIPANTS, REPRESENTATIVES, OR ASSISTANTS ARE NO LIABLE FOR LOSS OR DAMAGE FROM DISEASE, DEATH, RUNNING AWAY, THEFT, FIRE, INJURY TO PERSONS, OTHER DOGS, OTHER ANIMALS OR PROPERTY BY SAID DOG. OWNER AGREES TO FOLLOW ALL STATE, COUNTY, AND CITY LEASH LAWS AND ALL STATE, COUNTY, AND CITY PET ORDINANCES. PAYMENT FOR THE CLASSES IS NON-REFUNDABLE AND IT IS THE RESPONSIBILITY OF THE DOG'S OWNER TO AT-TEND THE CLASSES AS SCHEDULED. MISSED CLASSES CAN BE MADE UP AT FUTURE CLASSES, BUT OWNER MUST CONSULT DOMINION DOG TRAINING, INC. TO SCHEDULE SAID CLASSES. ADULTS ARE RESPONSIBLE FOR THEIR MINORS AND AGREE TO KEEP THEM QUIET AND IN CONTROL DURING CLAS-SES. WE RESERVE THE RIGHT TO ASK ANYONE TO LEAVE THE PREMISES. NO ALCOHOL OR DRUGS ARE ALLOWED ON THE PREMISES OR GROUNDS. I HAVE READ THE ABOVE CONTRACT AND LIABILITY RELEASE AND AGREE TO ALL TERMS AND CONDITIONS HEREIN. Dog Owner's Signature: DOG OWNER'S NAME (PRINTED):