

FOR OFFICE USE ONLY:	
DATE & TIME OF CLASS: _____	
TOTAL AMT: _____ DISC: _____	<u>CLASSES</u>
EQUIPMENT: _____	1: _____
PAPER WORK: _____	2: _____
VET. REPORT: _____	3: _____
	4: _____

DOMINION DOG TRAINING

RIGHT START PUPPY REGISTRATION

OWNER'S NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

PHONE: HOME: _____ WORK: _____ CELL: _____ IS TEXTING OKAY? Y/N

PLACE OF EMPLOYMENT: _____ O.K. TO CALL? Y N

PERSON HANDLING THE DOG IN CLASS: _____ IF A MINOR, AGE: _____
(A HANDLER 16 YEARS OF AGE AND YOUNGER IS REQUIRED TO HAVE AN ADULT ATTEND THE CLASS WITH SAID MINOR.)

DOG'S NAME: _____ DOG'S BREED: _____

DOG'S GENDER: M F DOG'S AGE: _____ HOW OLD WAS YOUR DOG WHEN YOU ACQUIRED IT? _____

WHERE DID YOU ACQUIRE YOUR DOG? (BREEDER, PET SHOP, RESCUE, SHELTER, ETC.) _____

IS YOUR DOG SPAYED OR NEUTERED? Y N

IS YOUR DOG AN INSIDE _____ OR OUTSIDE _____ DOG?

DO YOU REGULARLY LEASH WALK YOUR DOG? Y N

HOW DOES YOUR DOG WALK?: PLEASANT _____ TOLERABLE _____ AWFUL _____

IS YOUR DOG SENSITIVE ABOUT ANY PART OF IT'S BODY? (I.E. TAIL TOUCHED, PAWS HANDLED ETC.) Y N

IF YES, PLEASE EXPLAIN: _____

IS YOUR DOG POSSESSIVE OF FOOD OR TOYS? Y N

HAS YOUR DOG EVER BITTEN ANOTHER DOG? Y N

HAS YOUR DOG EVER BITTEN A HUMAN? Y N

IF YES TO ANY OF THE ABOVE PLEASE SPECIFY: _____

WHAT IS YOUR DOG TRAINING HISTORY (PLEASE CHECK ALL THAT APPLY):

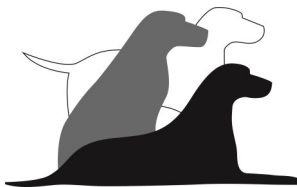
____ NO TRAINING ____ BASIC OBEDIENCE CLASS ____ TRAINED YOURSELF ____ PUPPY CLASS

IF YOU'VE ATTENDED OTHER CLASSES, WHERE? _____

HOW DID YOU HEAR ABOUT US? _____

WHAT DO YOU WANT TO ACCOMPLISH IN THE UPCOMING CLASS? PLEASE BE SPECIFIC:

SIGNED: _____ 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, OTHER PARTICIPANTS, REPRESENTATIVES, OR ASSISTANTS WILL NOT BE LIABLE FOR ANY DAMAGES OR LOSS RESULTING 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, OWNER, OR PERSONS OF SOME THIRD PARTY, THE OWNER AGREES TO ASSUME THE FULL RESPONSIBILITY AND LIABILITY 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., INSTRUCTORS, 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 ATTEND 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 CLASSES. 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): _____

DATE: _____