



The Dog Guy, NY LLC  
618 West State Street  
Olean, New York 14760  
(716) 373-3146  
[www.thedogguy.net](http://www.thedogguy.net)

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**Registration Form**

**Date:** \_\_\_\_\_

**OWNER'S INFORMATION:**

**Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City, State, & Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Agency Information:**

**K-9's Information**

**Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Breed:** \_\_\_\_\_

**Color:** \_\_\_\_\_

**Male** ( )

**Female** ( )

**Areas K-9 Trained In:**

**Working K-9 Seminar/AWDA Certifications May 23rd - 27th 2022**

<b>Full Seminar</b>	<b>(Includes one Certification Test)</b>	<b>\$350.00</b>
<b>Per Day</b>	<b>(Includes one Certification Test)</b>	<b>\$150.00</b>

**Please make checks payable to: Stephen B. Phillips**

**AWDA Certificates will be issued on site for teams who are Members who earn them.**

**Please Check Yes or No:**

**Has your dog ever been aggressive toward or bitten another dog? ( ) YES ( ) NO**  
**Has your dog ever been aggressive toward or bitten any person? ( ) YES ( ) NO**

**HEALTH CERTIFICATION**

**Current Distemper Immunization: ( ) Yes ( ) No \_\_\_\_\_ (Date)**  
**Current Bordetella Immunization: ( ) Yes ( ) No \_\_\_\_\_ (Date)**  
**Current Rabies Immunization: ( ) Yes ( ) No \_\_\_\_\_ (Date)**

\_\_\_\_\_  
**Veterinarian's Name**

\_\_\_\_\_  
**Veterinarian's Phone**

**STEPHEN B. PHILLIPS/PHILLIPS COMMAND DOGS  
AGREEMENT, RELEASE AND ASSUMPTION OF RISK**

In consideration of the services of Stephen B. Phillips/The Dog Guy, NY LLC, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "PCD"), I hereby agree to release, indemnify, and discharge PCD on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

I acknowledge that dog training and its related activities entail unknown and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, my dog, members of my family or guests who may attend, to property or to third parties.

The risks include among other things illness, falls, bites and injury through contact with other participants and their dogs, loss of control, collisions; dogs, irrespective of their

previous behavior and characteristics, may act or react unpredictably based upon instinct, fear, or lack of proper control by any trainer; latent or apparent defects or conditions in equipment, animals or property; acts of other participants or their dogs in this activity, adverse weather conditions, contact with plants, insects, or animals; my own physical condition or my own acts or omissions; the conditions of terrain, and accidents connected with its use; first aid, emergency treatment or other services rendered; consumption of food or drink.

Furthermore, PCD instructors and assistants have difficult jobs to perform. They seek safety, but they are not infallible. They may be unaware of a participant's physical condition, fitness or abilities. They may misjudge weather, elements or terrain. They may give inadequate warnings or instructions and equipment could malfunction. I expressly agree and promise to accept and assume all of the risks involved in dog training at PCD. My participation in this activity is purely voluntary and I elect to participate in it despite the risks.

I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless PCD from any and all claims, demands or causes of action, which are in any way connected with my participation in this activity or my use of PCD's equipment or facilities, including any such claims which might allege negligent acts or omissions of PCD.

Should PCD or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE READ THE ABOVE AGREEMENT, RELEASE, AND ASSUMPTION OF THE RISK, THAT I UNDERSTAND IT AND AGREE TO BE BOUND BY ITS TERMS.**

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Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

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Print Name \_\_\_\_\_

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Agency \_\_\_\_\_