

Pieper's Sit, Stay, and Play Class Registration Form

Type of class: _____ Puppy Social _____ Family Dog 1 Class Start Date: _____

Owner's Name(s): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number(s): _____ Email: _____

Dog's Name: _____ Breed: _____

Gender (circle one): male, female, neutered male, spayed female

Date of Birth: _____ How long have you had your dog: _____

Name of Veterinarian: _____ (If your dog is not a Pieper-Olson patient, please attach documentation of last rabies, distemper, parvo, and Bordetella vaccinations.)

All dogs must have been vet checked, vaccinated, and living in your home for at least one week prior to the start of class.

Does your dog have any food allergies: _____

Have you owned a dog before? _____ Breeds: _____

Have you trained a dog before? If so, when and where did you train your dog? _____

What would you like to accomplish in this class? _____

Please read and sign the release below. *Waiver, Assumption of Risk and Agreement to Hold Harmless*

I understand that attendance at a dog obedience class is not without risk to myself, members of my family or guests who may attend, or my dog, because of the dogs to which I (we) we will be exposed may be difficult to control and may be the cause of injury even when handled with the greatest of care.

In consideration of, and as an inducement to, the acceptance of my registration for classes, I agree to indemnify and hold harmless, and hereby waive and release the school, its employees, owners or agents, from any and all liability of any nature, for injury or damage which I, my family or guest or my dog may suffer, including specifically, but without limitation to, any injury or damage resulting from the action of any dog including my own, and I expressly assume the risk of any such damage or injury while attending any training session or other function of the school, or while on the school grounds or in the building.

I also understand that the degree to which a dog is successfully trained is a function of the interest, commitment, and cooperation of the owner. I acknowledge and agree that there is no guarantee that my dog will achieve the desired level of training, despite the best efforts of the instructor. Please have all members of your family who will be attending classes sign.

Signature: _____ Date: _____

For office use only: Amount Due: _____ Paid: YES NO Date Paid: _____