

"MOTIVATIONAL DOG TRAINING - AGILITY ABILITY"

Seminar/Class/Lesson Application

NAME: _____ DOG'S NAME _____

ADDRESS: _____ BREED _____ AGE _____

CITY/STATE/ZIP _____ Handler's Age _____

PHONE: HM & WK _____ E-Mail _____
WK _____ e-mail _____

VACCINATIONS REQUIRED: Adult Distemper, Parvo, Rabies and Bordetella. **Please do not bring your dog onto the property within 24 hours of any vaccination.**

Copies of shot records must be given to the instructor to keep.

Shot record copies : YES _____ NO _____

Female Dogs in heat may not attend instruction

HOW DID YOU HEAR ABOUT "MOTIVATIONAL DOG TRAINING / AGILITY ABILITY" ? _____

HAS YOUR DOG BEEN SPAYED OR NEUTERED? _____

HOW LONG HAVE YOU HAD THIS DOG? _____

WHAT DO YOU HOPE TO ACCOMPLISH WITH TRAINING ? _____

WHAT PROBLEMS ARE YOU HAVING, IF ANY ? _____

AGREEMENT TO HOLD HARMLESS, WAIVER AND ASSUMPTION OF RISK

I UNDERSTAND THAT DOG TRAINING IS NOT WITHOUT RISK TO MYSELF, MEMBERS OF MY FAMILY OR GUESTS WHO MAY ATTEND MY TRAINING SESSION, OR MY DOG. I HEREBY RELEASE "MOTIVATIONAL DOG TRAINING / AGILITY ABILITY", IT'S EMPLOYEES, VOLUNTEERS, OFFICERS AND AGENTS FROM ANY AND ALL LIABILITY OF ANY NATURE, FOR INJURY OR DAMAGE WHICH I OR MY DOG MAY EXPERIENCE DURING OUR TRAINING SESSIONS WHILE ON THE TRAINING GROUNDS OR THE SURROUNDING AREAS/PROPERTY THERETO.

I AGREE TO INDEMNIFY AND HOLD HARMLESS " MOTIVATIONAL DOG TRAINING - AGILITY ABILITY ", IT'S EMPLOYEES, VOLUNTEERS, OFFICERS, AND AGENTS FROM ALL CLAIMS, OR CLAIMS BY ANY MEMBER OF ANY FAMILY OR ANY OTHER PERSON ACCOMPANYING ME TO ANY TRAINING SESSION, WHILE ON THE GROUNDS AND THE SURROUNDING AREA THERETO AS A RESULT OF ANY ACTION BY ANY DOG, INCLUDING MY OWN.

SIGNATURE OF OWNER OR AUTHORIZED AGENT _____

SIGNATURE OF HANDLER IF NOT SAME _____

IF A MINOR, LEGAL GUARDIAN SIGN _____

NAME, ADDRESS AND PHONE # OF OWNER IF DIFFERENT FROM TOP OF PAGE _____

DATE _____