



TRAINING REGISTRATION AND WAIVER OF LIABILITY

PERSON INFORMATION

Name: _____ Phone 1: _____
Mailing address: _____ Phone 2: _____
Street address: _____ E-mail 1: _____
City/Prov/Postal: _____ E-mail 2: _____
Occupation/Company: _____
Spouse: _____ Phone: _____
Other family members: _____
How did you hear about Paw in Hand? _____

DOG INFORMATION

Name: _____ Birthday: _____
Gender: Male Female Spayed/Neutered Breed: _____ Weight: _____
Description (colour, ears, tail, etc.) _____ Tatto/chip: _____
Where and from whom did you get your dog? _____
Vaccinations: Yes No Pet insurance: Yes No Dog license: Yes No ID tag: Yes No
Veterinarian: _____ Clinic: _____ Phone: _____
Please list any relevant past or present health conditions: _____
Medication: Yes No If yes, explain _____
Does your dog have fears? : Yes No If YES, describe: _____

Does your dog go to: Work: Yes No Daycare: Yes No Professional dog walks: Yes No
What SPECIAL PROBLEMS does your dog exhibit (i.e. fear, aggression, possessive, guarding, etc.)? _____

Has you dog bitten? ____ If yes, how many dogs? ____ how many people? ____ Let us know any specific details: _____

Has your dog been to a training class before? Yes No If YES, with whom, where and when? _____

What are your expectations for this training session? _____



LIABILITY RELEASE

I understand that once the dog training classes for which I registered have begun, there is no refund of any kind should I be unable to complete the classes. Enrollment is done on a “first come, first served” basis. Class fees are due in full with a completed registration form prior to the first class of the session. Paw In Hand has the right to refuse me and/or my dog at any time for any reason including but not limited to behavior, health, or other considerations. ____ ***Please Initial***

Dogs must be current on distemper, rabies and bordatella (kennel cough) vaccinations and on a parasite preventative program. I certify that my dog(s) who will be attending training session is(are) current on vaccinations and I have received the consent of my veterinarian for my dog to attend training/classes if there are any health conditions (i.e. lameness or medications) which might interfere with my dogs ability to participate. ____ ***Please Initial***

I understand that attendance of a dog obedience training class/sessions, are not without risk to myself, members of my family or guests who may attend, or my dog, because some of the dogs to which I (we) will be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care. ____ ***Please Initial***

I 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 Initial***

I hereby waive and release Paw in Hand Pet Services, its employees, owner and agents from any and all liability of any nature, for injury or damage which I or my dog may suffer, including specifically, but not without limitation, any injury or damage resulting from the action of any dog, and I expressly assume the risk of any such damage or injury while attending any training sessions or other functions of the class, or while on the training grounds or the surrounding area thereto. ____ ***Please Initial***

Dated this ____ day of _____, 20__ at the Municipality of Squamish, British Columbia.

Owner Signature: _____

Print Name: _____

PHOTO RELEASE

I give my permission for Paw In Hand Pet Services, and its instructors to use any photos taken at class of me and/or my dog(s) on the Paw In Hand Pet Services website or promotional materials. ____ ***Please Initial***