

P  **WS BE G**  **D 4 U**



Obedience Class Registration Form

CLASS FEE _____ START DATE/TIME _____

Name: _____

Referred by: _____

Home Phone: _____ Cell Phone: _____

Address _____

City _____ State _____ Zip _____

E-mail Address: _____

Pet's Name: _____ Breed: _____

Age: _____ Sex: Male Female

Spayed Yes No Neutered: Yes No

Veterinarian Name _____

Veterinarian Phone # _____

This obedience class will meet once a week for approximately 1 hour.

CANCELLATIONS

The owner of the dog(s) may postpone one (1) lesson provided twenty-four notice is given to the trainer. One (1) make up class will be allowed during the six (6) week class. The owner understands and agrees that failure to give the trainer twenty-four notice of a lesson cancellation will result in the trainer counting said failure as a completed lesson with the full amount owed by the owner to the trainer for said lesson.

TERMINATION OF TRAINING

The owner of the dog(s) may have the animal withdrawn from training at any time, however, once training has begun; all fees are non-refundable.

ITEMS NEEDED FOR CLASS

1. Your dog
2. Collar or harness
3. Leash
4. Clicker (provided by trainer)
5. About 50 pea sized treats
6. Proof of current vaccinations (DHPP, Rabies & Bordatella.)
7. Class Registration Form

Owner Responsibility

The Owner understands and agrees that they are being trained to train their dog(s).

The owner must practice with their dog(s) 7 to 12 times a week on strengthening all cues taught.

The reinforcement can be accomplished in approximately 15 to 30 minutes per day per dog.

I HAVE READ AND UNDERSTAND THAT ALL TRAINING IS CONTINGENT UPON THE OWNER'S WILLINGNESS TO HANDLE AND / OR WORK WITH THEIR DOG(S) AS DESCRIBED ABOVE

Owner's Signature

Date

RELEASE OF LIABILITY

I, (Owner's name) _____, as the legal owner of (Dog's name) _____ do hereby waive and release Sharon Callan, CDT, ABCDT, Paws Be Good, Paws Be Good 4 U and Shelter Dogs For Veterans from any and all liabilities of any nature. This includes any injury, death, sickness or damage my pet may suffer or cause during or after any training program. I also agree to indemnify and hold harmless Sharon Callan, CDT, ABCDT, Paws Be Good, Paws Be Good 4 U and Shelter Dogs For Veterans from any and all claims due to damage the dog may cause to any family members of any third parties during or after training. The owner specifically acknowledges that they recognize the risk of taking a group class with other people and their dogs. This risk is entered into with the owner 100% responsible for their dog's behavior at all times in the class environment. I agree to take complete responsibility for the actions of my dog and myself, before, after and during class. At no time will the instructor of this class be liable or responsible for the actions of myself, my dog or any other person or persons who accompany me to class.

Owner's Signature

Date

PHOTOGRAPH AUTHORIZATION

I, (Owner of Dog) _____

authorize Sharon Callan, CDT, ABCDT, DBA Paws Be Good 4 U, Paws Be Good and Shelter Dogs For Veterans to utilize any photographs taken of myself and my dog (Name of Dog) _____ for websites, advertising on any media (newspaper, flyers, business cards, websites, television, business promotions, etc.)

Owner's/Handler's Signature

Pet's Name

Date