

REGISTRATION FORM



OFFICE USE ONLY	
CLASS	HS PUP1 PDM SHY
START DATE:	_____
Referred by:	_____

Name _____ Dog's Name _____

Address _____ Postal Code _____

_____ Email _____

Phone (day) _____ Phone (night) _____

Dog's Breed Type _____ Dog's Age/DOB _____ Dog's Sex M/F

Dog was acquired from (circle): PET SHOP SHELTER BREEDER (RESCUE OTHER _____

Your Vet's Name _____ Spayed/neutered? Y/N Date: dd/mm/yy _____

Please add any other details that we should know about you or your dog?

Please read and sign the following

Liability Waiver, Assumption of Risk and Hold Harmless

I understand that dog training of any kind is 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) may be exposed may be difficult to control and may be the cause of injury or illness even when handled with the greatest of care. I agree I will abide by all safety rules and requests provided by CANINE CHAOS's employees and representatives.

I hereby waive all claims for damages, agree to indemnify, defend and hold harmless, release and forever discharge CANINE CHAOS and their directors, officers, employees, instructors, assistants, heirs, volunteers and representatives from any and all claims, damages, losses or liabilities of any nature arising out of or resulting from 1) my presence at or participation in any training session or other function of Canine Chaos 2) the presence at or participation of any member of my family or any other person accompanying me to said training session or other function while on the grounds of the surrounding area thereto, and 3) any action by any dog, including my own.

I HAVE READ THE ABOVE AGREEMENT CAREFULLY AND FULLY UNDERSTAND THIS AGREEMENT

Signature _____ Date _____

OFFICE USE	
<input type="checkbox"/> Vaccinations Checked	_____ Initial
<input type="checkbox"/> Fees Paid	_____ Initial