



## Canine Good Manners - CLASS REGISTRATION

### Owner's Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

### Veterinarian Information

Practice Name: \_\_\_\_\_ Vet Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Pet Information

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ M/F: \_\_\_\_\_ Fixed: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_  
Rabies Exp Date: \_\_\_\_\_ DHLPT Exp Date: \_\_\_\_\_ Bordetella: \_\_\_\_\_  
Medical Problems: \_\_\_\_\_ Flea Control: \_\_\_\_\_

Has your dog shown any fearful behavior towards people?  YES  NO  
Has your dog ever growled or snapped at someone?  YES  NO  
Has your dog ever bitten anyone?  YES  NO  
Is there any area on your dog's body that he doesn't like you touching?  
If YES Explain: \_\_\_\_\_  
 YES  NO  
Has your dog ever attacked another dog in an aggressive manner?  YES  NO  
Is your dog friendly when meeting other dogs on a leash?  YES  NO  
Is your dog friendly when meeting other dogs off leash?  YES  NO  
Has your dog ever injured another dog?  YES  NO

### AGREEMENT:

I have read and hereby agree to abide by the rules and policies of The Dog Shop. I understand that attendance of dog training classes is not without risk to myself, members of my family, guests who may attend or to my dog. In consideration of, and as inducement to the acceptance of my application for training membership in this class, I hereby agree to indemnify and hold harmless The Dog Shop, Jill Haley Rose & Paws of Nature, it's officers, directors, instructors, agents, employees and/or representatives of any and all claims, or claims by any member of my family, or accompanying guests of mine of injury, expense, costs or damages to myself, my dog or any handler sponsored by me. In addition, I agree that I will defend and indemnify The Dog Shop, Jill Haley Rose & Paws of Nature for any injury, expense, costs or damages to any dog handlers, whether sponsored by me or not, or to third parties arising out of my own actions of my dog. I also understand that the degree to which a dog is successfully trained is a function of the interest and cooperation of the owner. I acknowledge and agree that there is no guarantee that my dog will achieve the level of training desired, despite the best of efforts and commitment on the part of the owner or instructor. I have read the above provisions, and agree to accept the responsibilities.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Class Date and Time: \_\_\_\_\_