



Puppy Socialization - 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 puppy shown any fearful behavior towards people? YES NO
Has your puppy ever growled or snapped at someone? YES NO
Is there any area on your dog's body that he doesn't like you touching? YES NO
If YES Explain: _____

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: _____