



KAWARTHA CANINE DOG TRAINING REGISTRATION FORM



*Please bring completed form, proof of vaccination, and payment to the
Kawartha Canine Training Centre at 184 St. David Street on the specified registration day*

O W N E R					
Owner's Name		Home Phone Number () ()		<input type="checkbox"/> Business	<input type="checkbox"/> Cell
Street Address					
City			Province		Postal Code
Email Address					
D O G					
Dog's Name			Breed		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Neutered /Spayed <input type="checkbox"/> Altered <input type="checkbox"/> Intact		Date of Birth <input type="checkbox"/> Unknown YYYY / MM / DD	Age <input type="checkbox"/> Estimate
Indicate any problems you may be experiencing: (Check all that apply)					
<input type="checkbox"/> Jumps up	<input type="checkbox"/> Aggression	<input type="checkbox"/> Digs	<input type="checkbox"/> Unruly	<input type="checkbox"/> Bites	<input type="checkbox"/> Chews
<input type="checkbox"/> Barks	<input type="checkbox"/> Shyness	<input type="checkbox"/> Dog fights	<input type="checkbox"/> Chases cars	<input type="checkbox"/> Chases people	<input type="checkbox"/> Doesn't come
<input type="checkbox"/> Other _____					
What do you hope to achieve in this class?					
Are you willing to accept praise or criticism and follow instructions from any of the instructors or assistants regarding your dog handling skills? <input type="checkbox"/> Yes <input type="checkbox"/> No					
S C H E D U L I N G					
Which day(s) of the week and time of day are you available:					
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Any day	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Any Time				

I understand that I am to pay in advance for the full training fee and no part thereof shall be returned, in the event that I fail to present my dog at the time fixed for lessons. The only exception will be if I present a veterinary certificate stating that the dog is unable to complete the classes.

Assumption of Risk Release and Indemnity Agreement -- The undersigned, hereby acknowledges and agrees that there are certain risks to which I, members of my family, guests or dog may be exposed to as a result of attendance at Kawartha Canine Dog Training including the risk of injury or illness caused by dogs belonging to other owners and the nature of the terrain on which classes and events are held. Therefore, in consideration of the agreement of Kawartha Canine Dog Training to provide obedience and other training sessions and events for me and members of my family, my guests and my dog, and in consideration of the agreement of the owners of the premises, 2047945 Ontario Inc., to provide the use of its premises for such sessions, I agree to: expressly assume all risk of any damage or injury while attending any training session or other function of Kawartha Canine Dog Training or while on the training grounds at 184 St. David St., Unit 4, Lindsay, Ontario; release and discharge Kawartha Canine Dog Training and 2047945 Ontario Inc. from any and all liability of every nature and kind for injury and damage or disease which I or my dog may suffer and without limiting the generality of the foregoing, and injury or damage or illness caused by any other dog or the nature of the terrain; I indemnify and hold harmless Kawartha Canine Dog Training and 2047945 Ontario Inc., their owners, officers, employees, agents and servants, from any and all claims for damages and costs asserted by myself or any members of my family or guest. I understand that there may be media coverage and pictures taken from time to time at Kawartha Canine Dog Training facility, 184 St. David St., Unit 4, Lindsay, Ontario, I give my permission to use those photos and any media coverage in any way the owners of Kawartha Canine Dog Training deem fit.

I HAVE READ AND UNDERSTAND THESE TERMS AND CONDITIONS.

Signature of Owners/Agent

Date

Office use only

Received \$	<input type="checkbox"/> Proof of Vaccination	Class: <input type="checkbox"/> Pup <input type="checkbox"/> Beg <input type="checkbox"/> Adv <input type="checkbox"/> Comp <input type="checkbox"/> Fun <input type="checkbox"/> Private
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu	Time: <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8