



### Training Registration & Agreement

(Please print, complete, and bring to your appointment)

For which training class are you signing up?

\_\_\_\_\_

What (other) specific training goals would you like to accomplish:

\_\_\_\_\_

#### Responsible Party Information

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Tell Us About Your Pet

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

Color: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Male  Female  Spayed/Neutered  Intact

Housebroken Yes  No  | Aggressive with people Yes  No  | Aggressive with dogs Yes  No

Shy Yes  No  | Hip Dysplasia/Arthritis Yes  No  | Dog lives outside  indoors

Is your dog crate trained Yes  No

Where does your dog sleep? \_\_\_\_\_

Where did you obtain your dog (breeder, shelter, etc.)? \_\_\_\_\_

How long have you owned your dog? \_\_\_\_\_ How old was your dog when you got it? \_\_\_\_\_

How often do you feed your dog per day? \_\_\_\_\_ Food Brand: \_\_\_\_\_

Describe exercise routines, if any: \_\_\_\_\_

Has your dog (or you) had any previous training experiences? \_\_\_\_\_

Additional Notes for above: \_\_\_\_\_

Are there any other health concerns we should know about (diarrhea, medical conditions, recent surgeries, etc)?

\_\_\_\_\_

#### Vaccinations

Please list current expiration dates for below vaccinations. Please bring copies of shot records to your apptmnt.

Rabies: \_\_\_/\_\_\_/\_\_\_ DHLPP (Distemper/Parvo): \_\_\_/\_\_\_/\_\_\_



### Training Terms of Agreement and Policies

Full payment is due at time of service for private and group lessons. Once training class has started, fees are non-refundable. We require 24 hour notice for any appointment cancellation. Responsible Party agrees to be responsible for payment of ACB, LLC's attorney fees and costs of litigation incurred in the enforcement of this Agreement.

Responsible Party verifies that all information on this registration is accurate, to the best of their knowledge.

I understand that attendance at a dog training activity, class or event is not without risk to myself, members of my family or guests who may attend, or my dog.

As an inducement to Applied Canine Behaviors, LLC to enter this Agreement, Responsible Party hereby releases, and shall hold harmless, Applied Canine Behaviors, LLC and its employees and agents from any and all manner of injuries, damages, claims, loss, liabilities, costs or expenses, causes of actions or suits, whatsoever in law or equity, (including, without limitation, attorney's fees and related costs) arising out of or related to the training of Responsible Party's dog and/or services provided by Applied Canine Behaviors, LLC. Such release shall include acts or omissions of negligence on the part of Applied Canine Behaviors, LLC and its employees and agents. Responsible Party acknowledges and understands that there are certain risks involved in dog training, ownership, and care, including, but not limited to, dog fights, dog bites to humans and/or other pets and the transmission of disease. Responsible Party understands the risk involved in putting his/her pet in a training environment and acknowledges and accepts exclusive and sole responsibility for all medical expenses to said pet no matter the cause. Furthermore, Responsible Party hereby agrees to indemnify Applied Canine Behaviors, LLC from and against any claims, losses, damages or judgments suffered by Applied Canine Behaviors, LLC arising out of, and in connection with, the boarding of Responsible Party's dog.

Responsible Party expressly assumes the risk of any such damage or injury while attending any training session, function or event of Applied Canine Behaviors, LLC wherever the activity is taking place.

I have read and, by my signature below, agree to abide by the aforementioned Waiver, Assumption of Risk and Agreement to Hold Harmless

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature Parent/Guardian (youth handlers under 18): \_\_\_\_\_

Printed Name Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_