

CORAL VETERINARY CLINIC

OBEDIENCE REGISTRATION APPLICATION

OWNER'S NAME / HANDLER'S NAME

ADDRESS

ZIP

DAYTIME PHONE NUMBER

DOG'S NAME

BREED

DOG'S AGE

SEX

SPAYED/NEUTERED?

Behaviors and/or problems I'm experiencing with my dog which I would like to address during this course:

NOTE: The First Lesson of Kindergarten class is conducted WITHOUT PUPPIES if the class is an indoor class (usually held on Thursday nights). If the class is an outdoor class, it will be held WITH PUPPIES (all outdoor classes are held during daylight hours).

RELEASE

I agree to hold Coral Veterinary Clinic, Paul Douglass and any and all employees and representatives harmless from any claim for loss or injury which may have been caused directly or indirectly to any person or thing by act of this dog while in the process of training with this school. I assume all responsibility and liability for such claim. Further, I agree to hold the aforementioned parties harmless for any claim or loss of this dog by disappearance, theft, death or otherwise. I agree to the foregoing as the agent or owner of the dog.

DATE

SIGNED

No Refunds after 1st session.