



Registration Form

Date: _____

Owner/Family Info:

Name of Owner/Person(s) Training Dog: _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation(s): _____

Cell Phone: _____ Home Phone: _____ Other: _____

****Please star or check the number that is best to reach you at****

E-Mail Address: _____ (AllBreeds promises NOT to share your email address)

Children: How many? _____ Names/Ages: _____

Have you owned a dog(s) before? Yes No If so, what breed(s)? _____

Have you trained a dog(s) before? Yes No If so, when/where? _____

How did you hear about AllBreeds? _____

Dog Info:

Name of Dog: _____ Breed: _____ Age: _____ Appx. DOB: _____

How old was s/he when you got him/her? _____ Where/Who did you get your dog from? _____

Spayed/Neutered? Yes No If not, will he/she be in the future? Yes No If so, When? _____

State briefly the issues, if any, that brought you to class. Please be specific: _____

What kind of food does your dog eat? _____ How much per day? _____

Does your dog have any challenges that may affect his/her training? _____

Has your dog had any illness or skin disorder in the last 6 months? Yes No
If so, please state the nature of the problem and whether treated by a Veterinarian: _____

Name of Veterinarian: _____ Phone Number: _____

Please be sure to submit a copy of your dog's most recent vaccinations for our records.

Dogs must be up-to-date on Rabies, Distemper/Parvo, and Bordetella.
NO EXCEPTIONS.

"A well-behaved dog is a welcome dog"

87B Bridge Street – Pelham, NH 03076
Tel. 603-635-9199 – Fax. 603-635-9499
www.AllBreedsK-9.com – info@AllBreedsK-9.com
facebook.com/AllBreeds

**In the event that you may join us for group and/or private lessons,
please initial in all places indicated.**

**WAIVER OF RISK AND LIABILITY, AGREEMENT TO HOLD HARMLESS
AGREEMENT TO CLASS COMMITMENT**

I understand that attendance of a dog training class is not without risk to myself, members of my family, guests who may attend, or my dog because some of the dogs to which I/we will be exposed may be difficult to control and may be the cause of an unforeseen injury. **Initial:** _____

I hereby WAIVE and RELEASE AllBreeds Canine Training Center, its employees and agents (training facility) for any liability of any nature, or injury or damage which I, my guests, or my dog may suffer, including, but not without limitation, any injury or damage resulting from the action of any dog. I expressly assume the risk of any such damage, or injury, while attending any training sessions, or other function of the class, or while on the training grounds/facility, or the surrounding area thereof. **Initial:** _____

I hereby agree to indemnify and hold harmless AllBreeds Canine Training Center, its employees, owners and agents from any and all claims or claims by any member of my family, or any other person accompanying me to any training session or function, or while on the grounds or surrounding area thereto as a result of any actions by any dog, including my own. I understand that I am solely responsible for my dog's actions while attending any training sessions, or other function of the class, or while on the training grounds/facility, or the surrounding area thereof. **Initial:** _____

For Basic & Advanced Obedience classes: I understand that I am making a commitment to a training program (Basic is 12 weeks long, and Advanced is 10 weeks long). I understand that I am reserving a spot in a specific class (date & time) and payments are not refundable or transferable. Therefore, I understand that I cannot change to a different class (day or time) once my spot is reserved. **Initial:** _____

I understand that all payments are required in advance and my spot in class will not be reserved until it is received in full. I agree to call at least 1 full business day in advance if I cannot make a class. I understand that if I need a make-up class and can't be fit into a different group class that is on the same lesson that was missed, an \$20 charge will apply. **Initial:** _____

In the event that you may require a one-on-one session, or if you are signing up for one-on-one sessions: I understand that all payments are required in advance and my appointment(s) will not be reserved until it is received in full. I agree to call at least 2 full business days in advance if I cannot make a class and understand that I will be charged the full amount of the class if I fail to do so. **Initial:** _____

For All Services: I understand that payments are not refundable and must be used within 6 months of registration date. **Initial:** _____

My signature below indicates that I understand and agree to each of the aforementioned policies set forth by AllBreeds K9 Training Center.

Signature of Dog's Owner or Authorized Agent:

Date:

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