

TRAINING WITH KINDNESS - - REGISTRATION FORM: For Class Beginning: _____

Dog's Name

Breed

Age

M F Neutered/Spayed? NO YES At What Age? _____

Name of Person Training Dog

Home Phone

Address

E-Mail: _____

Business Phone

City State Zip

How did you hear about our classes?

Have you owned a dog before? YES NO What Breeds? _____
Have you trained a dog before? YES NO Where/When? _____

Check all that apply:

<input type="checkbox"/> Fearful/shy	<input type="checkbox"/> Pulls on Lead	<input type="checkbox"/> Nips/bites	<input type="checkbox"/> Lunges at Dogs
<input type="checkbox"/> Runs Away	<input type="checkbox"/> Won't give up objects	<input type="checkbox"/> Barks at Dogs	
<input type="checkbox"/> Protective of toys/food	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Housebreaking issues	
	<input type="checkbox"/> Chews/destructive	<input type="checkbox"/> Won't listen/settle down	

How old was dog when acquired? _____ From where? _____

Has your dog ever bitten a person? If yes, please explain the circumstances: _____

Has your dog ever bitten another dog? If yes, please explain: _____

Veterinarian's Name: _____ Date of last DHLPP & Rabies: _____

Does your dog have any medical problems: If yes, please explain: _____

What brand of food does your dog eat? (Please be specific): _____

WAIVER, ASSUMPTION OR RISK & AGREEMENT TO HOLD HARMLESS: I understand that attendance of a dog obedience training class is not without risk to myself, members of my family or 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 injury even when handled with the greatest amount of care. I hereby waive and release Cheryl Smagala (Training With Kindness LLC), her employees & agents from any & all liability from the action of any dog, and I expressly assume the risk of any such damage or injury while attending any training session or other function of this School, or while on the training grounds or surrounding area thereto. In consideration of & as inducement to the acceptance of my application for training membership in this obedience training class, I hereby agree to indemnify & hold harmless Training With Kindness LLC, its employees, owners & agents from any & all claims, or claims by any member of my family or any other person accompanying me to any training session or function of the School or while on the grounds or surrounding areas thereto as a result of any action by any dog, including my own.

Signature of Owner: _____ Date: _____

Xerox copy of proof of up-to-date vaccinations MUST be included with your registration. Payment may be made in cash or personal check made payable to Cheryl Smagala or Training With Kindness LLC. MAIL TO: Cheryl Smagala, Training With Kindness, 80 Hickory Corner Rd. Milford, NJ 08848. NO REFUNDS will be made after the class starts.