

HAMILTON DOG TRAINING CLUB CLASS REGISTRATION FORM
(MUST BE RETURNED TO REGISTRAR PRIOR TO CLASS START DATE)

I am registering for (please check one):

_____ Puppy Class (8 to 16 wk. pups); Date class starts: _____
_____ Level 1: Manners & Control; Start date I prefer: _____ check: Tues. nights Wed. nights

Owner's Name _____ Phone _____ Date _____

Address _____ City _____ State _____ Zip _____

Vet's Name _____ Phone _____

Dog's Name _____ Breed _____ Age _____

Check all that apply: Male? Female? AKC/UKC Registered?

Vaccinations: DHLPP? Parvovirus? Rabies?

Where did you get your dog? _____ How old was it when you got it? _____

Where does your dog sleep? _____ Do you use a crate? _____

Is your dog confined at any time; explain _____

Is your yard fenced? _____ Do you ever tie up your dog? _____

What brand and type of food do you feed your dog? _____

What types of treats do you feed your dog and how often? _____

What types of games to you play with your dog? _____

What things have you trained your dog to do? _____

Describe the type of behavior you expect from a good dog. _____

Do you or your dog have any physical limitations which may affect your training? Explain. _____

Do you have any special obedience problems that you would like help with? _____

Has your dog ever growled at, snapped at, or bit you or another dog or person? If so, explain. _____

RELEASE OF LIABILITY

I, the undersigned, hereby acknowledge that I have voluntarily applied for the services of the Hamilton Dog Training Club, Inc. for Level 1: Manners & Control classes. As lawful consideration for being permitted to participate in this program, I hereby agree that I, my heirs, distributees, guardians, legal representatives, and assigns will not make a claim against, sue, attach the property of, or prosecute the Hamilton Dog Training Club, Inc. and/or any of its members for any injuries or damage resulting to me, my animal(s), or my property from the negligence or other acts, however caused, by any member, agent, employee, or contractor of the Hamilton Dog Training Club, Inc. as the result of my participation in this activity. In addition, I hereby release and discharge the Hamilton Dog Training Club, Inc. and/or its members from all actions, claims, or demands I, my heirs, distributees, guardians, legal representatives, or assigns now have or may in the future have for injury or damage resulting from my participation in this activity.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE HAMILTON DOG TRAINING CLUB, INC. AND/OR ITS MEMBERS AND I HAVE SIGNED IT OF MY OWN FREE WILL.

Signature _____ Date _____

Signature of parent if participant is under 18 _____ email: _____

Due to classes filling early and the fact that most classes have a "Wait List", class cancellation must be made 1 week (7 days) prior to the beginning of your scheduled class so we may fill your vacated spot. A \$25.00 cancellation fee will apply. To avoid the cancellation fee, you may reschedule to a future class. No refunds on cancellations made less than 7 days before scheduled class start date.

PLEASE RETURN, ALONG WITH A COPY OF YOUR SHOT RECORDS, AND THE APPROPRIATE CLASS FEE (\$85 FOR PUPPY; \$95 FOR LEVEL 1, PAYABLE TO HDTC (rescue dogs can discount \$10 with proof from shelter or rescue agency). Return to: Helen O'Donohoe, Registrar, 707 Pine St., Hamilton, OH 45011.

FOR CLUB USE: Form rec'd. _____ Check? _____ Health records? _____