Owner’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you referred by someone?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dog’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ please circle - Male or Female Altered or Unaltered

Veterinarian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Veterinarian’s Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you wish to accomplish in the class? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anything we should know about your dog? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How is your dog around new people? Friendly, very shy, fearful or in between? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How is your dog around new dogs? Aggressive, extremely friendly, very shy or in between? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree by the signing of this document that Shannan R. Miller, Dogwood Animal Hospital, and all instructors and associated persons are released from any liability for any accident or injuries sustained by me and my dog(s) or any guest I may bring to these lessons. I further agree that Shannan R. Miller, Dogwood Animal Hospital and all associated persons are not responsible for theft or damage to dogs, people or their property.

I/We the undersigned recognize that dog related activities are sometimes dangerous, that dogs have teeth and sometimes use them, that accidents involving dogs do occur, that the condition of the land is often hazardous, that footing is rarely perfect, That even well-maintained equipment may fail. In light of this knowledge, I take full responsibility for all harm that comes to me and my dogs(s) and all of my associates. With full knowledge, I release Shannan R. Miller, Dogwood Animal Hospital, and all instructors and associated persons from any and all responsibility for accidents, injuries, damage or theft.

If I co-own this dog with another person or persons, I bind them to this contract with my/our signature. I am aware that Shannan R. Miller and other instructors from Dogwood Animal Hospital give advice on how to train in these classes but I assume the responsibility to do only as much as I and my dog(s) are capable of. I assume responsibility TO and FOR my/our dog(s).

If you do not understand this release, do not sign it. By signing this document, you acknowledge that you fully understand its contents. If you are under age 18, a parent or legal guardian must signs this form.

**Class fees are non-refundable**. There are no make-up classes.

**Participant** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Legal Guardian (if under 18)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Class Approved to Join Date**

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