

Clickety Split Dog Training Enrollment Form

Level 0.5 _____ Level 1 _____ \$85
Level 2 _____ Level 3 _____ \$100
Zen Dog 1 _____ Zen Dog 2 _____ \$125
Trei Ball 1 _____ Trei Ball 2 _____ \$125
Scent Work 1 _____ Scent Work 2 _____ \$125
Private (any) _____ \$200

Start Date: ___/___/___ End Date: ___/___/___

Day: _____ Time: _____ Location: _____

Owners Name: _____

Address: _____

City: _____ Zip: _____ E-Mail _____

Phone (H): _____ Cell (W): _____

Classes may be canceled due to weather. Would you prefer to receive this notice via e-mail (___) or phone call (___)?

Any canceled class will be rescheduled on the same day and time as this class.

I understand that attendance at this dog obedience class is not without risk to myself, members of my family or guest who may attend, or my dog because some of the dogs to which I (we) may be exposed may be difficult to control and may be the cause of injury even when handled with the greatest of care.

In consideration of, and as an inducement to, the acceptance of my registration to class, I agree to indemnify and hold harmless, and hereby waive and release Clickety Split Dog Training, it's owner and agents from any and all liability of any nature, for injury or damage which I, or my family or guests or my dog, may suffer, including specifically, but without limitation to, any injury or damage resulting from the action of any dog, including my own, and I expressly assume the risk of any such damage or injury while attending any training session, or other function of CSDT or while on the training grounds, parking lot, or in any building.

I also understand the degree to which a dog is successfully trained is a function of the interest, commitment and cooperation of the owner. I acknowledge and agree that there is no guarantee that my dog will achieve the desired level of training, despite the best efforts of the instructor.

I understand there are no refunds after the start of class.

Signature: _____ Date: ___/___/___

Signature: _____ Date ___/___/___

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Clickety Split Dog Training
Dog Information Sheet

Dogs Name: _____ Age: _____

Breed _____ Sex: _____ Spayed or Neutered? _____

Age of dog when you got him/her? _____

Where did you get your dog? _____

Have you trained a dog before? _____

Does your dog have any illnesses or handicaps which might affect training
If so how: _____

How did you hear about us? _____

What do you feed your dog? _____ How often? _____

What does your dog already know? _____

What do you like best about your dog? _____

What do you like least about your dog? _____

List three things you would like to accomplish in this class.

1. _____

2. _____

3. _____

Rabies Date: ___/___/___ Tag Number: _____

Vaccination Date: ___/___/___ Clinic Number: _____