



# Animal Hospital

on Bell Farm Road

[docbowtie.com](http://docbowtie.com)

## DOG TRAINING REGISTRATION FORM

Please check the program(s) you are registering for:

- GRASS ROOTS LEVEL 1 - for ages 2-4 months – 6 Sessions, 50 mins. each - \$300.00 + HST
- GRASS ROOTS LEVEL 2 - for ages 4-6 months – 6 Sessions, 50 mins. each - \$300.00 + HST

Start date and time (Staff to complete): \_\_\_\_\_

Your Name: \_\_\_\_\_ Primary phone no. \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail: \_\_\_\_\_

Dog's name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Spayed/Neutered? \_\_\_\_\_ YES \_\_\_\_\_ NO Who is your veterinarian? \_\_\_\_\_

How did you acquire your dog (rescued, purchased from a breeder etc.)? Please provide name of rescue, breeder/kennel or website.

\_\_\_\_\_

How old was your dog when you brought them home?

\_\_\_\_\_

How long has the puppy been living with you? \_\_\_\_\_

What are four things you love about your puppy? \_\_\_\_\_

\_\_\_\_\_

What are four things you hope to learn in this class? \_\_\_\_\_

\_\_\_\_\_

Does your dog have any health problems? \_\_\_\_\_

Are you having any challenges with your puppy? \_\_\_\_\_

\_\_\_\_\_



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Is this the first dog that you have owned? YES NO

How did you hear about us? \_\_\_\_\_

**Please Note:**

**Payment:** Please submit this completed and signed registration form along with payment to complete the enrollment process.

**Refunds:** Animal hospital on Bell Farm Road (AHOBf) will refund Grass Roots course fees only when notified 1 week prior to the first class session.

**Vaccinations:** Puppies must have proof of up-to-date vaccines suggested for their age by their veterinarian 5 days prior to the first class. Proof of an annual negative fecal sample must also be provided prior to class start.

**WAIVER, ASSUMPTION OF RISK AND AGREEMENT TO INDEMNIFY AND HOLD HARMLESS**

I UNDERSTAND THAT ATTENDANCE AT A DOG TRAINING PROGRAM OR EVENT IS NOT WITHOUT RISK TO MYSELF, MEMBERS OF MY FAMILY, ANY OF MY GUEST'S WHO MAY ATTEND, OR MY DOG. I HEARBY WAIVE AND RELEASE AHOBf, ANY EMPLOYEES OR AGENTS, AND ASSISTANTS, FROM ANY AND ALL LIABILITY OF ANY NATURE, FOR INJURY OR DAMAGE WHICH I OR MY DOG MAY SUFFER, INCLUDING SPECIFICALLY, BUT NOT LIMITED TO, ANY INJURY OR DAMAGE RESULTING FROM THE ACTION OF ANY DOG OR USE OF, OR PRESENCE UPON PREMISES OF EQUIPMENT; AND I EXPRESSLY ASSUME THE RISK OF ANY SUCH DAMAGE OR INJURY WHILE ATTENDING ANY CLASS OR ACTIVITY OR WHILE ON THE CLASS OR ACTIVITY GROUNDS OR THE SURROUNDING AREA THERETO.

IN CONSIDERATION OF AND AS INDUCEMENT TO THE ACCEPTANCE OF MY REGISTRATION FOR PARTICIPATION IN THIS PROGRAM OR ACTIVITY, I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS AHOBf, THEIR EMPLOYEES, AGENTS, AND ASSISTANTS, FROM ANY AND ALL CLAIMS, OR CLAIM BY ANY MEMBER OF MY FAMILY OR OTHER PERSON ACCOMPANYING ME TO, OR MEETING ME AT, ANY CLASS OR EVENT OR WHILE ON THE CLASS OR EVENT GROUNDS OR THE SURROUNDING AREA THERETO.

**SIGNATURE OF OWNER OR AUTHORIZED AGENT (MUST BE OVER 18 YEARS OF AGE):**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_