

## Registration Form for Littleton Paws Animal Hospital Dog Obedience Classes

Basic Manners \$145  Puppy \$110  Better Manners \$145  CGC Class \$200   
Rally/scent \$155

### Owner's Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Emergency Name & Number \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Veterinarian Information

Practice Name: \_\_\_\_\_ Vet Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

### Pet Information

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ M/F: \_\_\_\_ Altered: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_  
Rabies Exp Date: \_\_\_\_\_ DHLPP Exp Date: \_\_\_\_\_ Bordetella: \_\_\_\_\_  
Medical Problems: \_\_\_\_\_ Flea Control: \_\_\_\_\_  
Has your dog shown any fearful behavior towards people? YES NO  
Has your dog ever growled or snapped at someone? YES NO  
Has your dog ever bitten anyone? YES NO  
Is there any area on your dog's body that he doesn't like you touching? YES NO  
Has your dog ever attacked another dog in an aggressive manner? YES NO  
Is your dog friendly when meeting other dogs on a leash? YES NO  
Is your dog friendly when meeting other dogs off leash? YES NO  
Has your dog ever injured another dog? YES NO

### CLASS AGREEMENT:

I have read and hereby agree to abide by the rules and policies of Littleton Paws Animal Hospital. I understand that attendance of dog training classes is not without risk to myself, members of my family, guests who may attend or to my dog. In consideration of, and as inducement to the acceptance of my application for training membership in this class, I hereby agree to indemnify and hold harmless Littleton Paws Animal Hospital, Dennis Champagne, its officers, directors, instructors, agents, employees and/or representatives of any and all claims, or claims by any member of my family, or accompanying guests of mine of injury, expense, costs or damages to myself, my dog or any handler sponsored by me. In addition, I agree that I will defend and indemnify Littleton Paws Animal Hospital, Dennis Champagne for any injury, expense, costs or damages to any dog handlers, whether sponsored by me or not, or to third parties arising out of my own actions of my dog. I also understand that the degree to which a dog is successfully trained is a function of the interest and cooperation of the owner. I acknowledge and agree that there is no guarantee that my dog will achieve the level of training desired, despite the best of efforts and commitment on the part of the owner or instructor. I have read the above provisions, and agree to accept the responsibilities. **Refunds: There are no refunds unless the dog is deemed inappropriate for group classes due to excessive aggression or extreme anxiety as determined by the trainer.**

Owners Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Class Date and Time** \_\_\_\_\_