



PUPPY KINDERGARTEN REGISTRATION AND RELEASE FORM

OWNER'S NAME _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ ALT PHONE _____

DOG'S NAME _____ BREED _____ AGE _____ SEX _____

WHERE DID YOU GET YOUR PUPPY? _____ WHEN? _____

HOW DID YOU HEAR ABOUT OUR CLASS? _____

I, _____, being of lawful age and the owner of _____, (name of dog), a _____, (breed of dog), understand the educational purposes of A Dog's Best Friend Professional Dog Training, and in consideration of being allowed to participate in the training class being provided by A Dog's Best Friend, hereby agree on behalf of myself, my spouse, heirs, legal representatives, assigns, guests, invitees and my insurer that: I am fully aware and acknowledge that training can cause stress in dogs and that the training will be done in the presence of other persons and animals; I am fully aware of the risks and dangers involved and hereby accept full responsibility for any and all risks of bodily injury to myself, my dog, or to any other person and/or animal which results from the attendance and participation in such training. I hereby release A Dog's Best Friend, The Animal Hospital of Fort Lauderdale, Welleby Animal Hospital, Wiles Road Animal Hospital, Miami Beach Animal Hospital, their officers, agents, directors, employees, representatives, other enrollees, and the instructor/trainers from any and all claims, demands, expenses, and liability, whether from personal injury, death, property damage, violations of law which is caused by the undersigned and which in any way arises out of or relates to a function or activity of A Dog's Best Friend.

I have carefully read and understood the Release and Hold Harmless Agreement and am executing this instrument voluntarily.

Date _____ Signed _____ Print _____

PLEASE COMPLETE VACCINE INFORMATION

Payment enclosed: Check # _____ Date _____ Cash _____ Amount _____
Visa/ MC #: _____ Exp Date _____
REGISTERED FOR CLASS BEGINNING _____ LOCATION _____