

FOR OFFICE USE ONLY
PAID: \$ _____ DATE: _____
Vaccination records received: _____



TRAINING CLASS REGISTRATION FORM and SURVEY

Class You Are Signing Up for:

Preferred class start date: _____

- | | |
|--|--|
| <input type="checkbox"/> Mind Your Pees and Cues \$85 | <input type="checkbox"/> Manners and Pees and Cues deal-\$150 |
| <input type="checkbox"/> Manners and More - 7 weeks \$110 | <input type="checkbox"/> Tricks and Treats - 4 weeks \$55 |
| <input type="checkbox"/> Beyond Manners - 6 weeks \$110 | <input type="checkbox"/> Romp n Roll - \$5/visit or \$8 for 2 dogs |
| <input type="checkbox"/> Core Competencies - 6 weeks \$110 | <input type="checkbox"/> Rally for Fun - 8 weeks \$110 |
| <input type="checkbox"/> CGC Prep - 4 weeks \$55 | |

Name: _____ Today's Date: _____

Home Address: _____

E-mail Address: _____@_____.

(Is this a reliable method of contacting you for (check all that apply):
 general information class handouts urgent information such as cancelled classes?

Day Phone: _____ Evening Phone: _____

What are the best times to reach you by phone? _____

Your occupation: _____

If I must cancel a class due to unforeseen circumstances, how much notice do you need (or how many minutes prior to class do you typically leave your house before class)? _____

If you'd like to provide your cell phone #: _____

Pet's Name: _____ Breed/mix: _____ Age: _____

Male Female Spayed Neutered Do you plan to spay or neuter? Yes No

Which of your dog's traits (either his individual ones or those typical of his breed) caused you to choose this particular dog or breed? _____

From where did you adopt your dog/puppy? breeder pet store licensed shelter
 licensed rescue group stray friend, neighbor or family member bred dog
 other please describe: _____

How long has this dog been a part of your family? _____

Is your dog crate-trained? Yes No In process Don't know what this means

What other classes have you attended with *this* dog/puppy: _____

Behavior concerns: _____

Health problems or allergies (please list)? _____

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

Has your dog ever acted aggressively towards humans or animals (growling, snapping, biting)?

No Yes Please provide details: _____

How do you discipline or correct your dog? _____

Do you have children living at home? No Yes What ages? _____

Do you currently have other pets? No Yes Please list:

Species	Breed	Age	Sex

What do you hope to accomplish in this class? _____

How do you hear about Puppy Adept, Inc.?

Internet _____ veterinarian _____

Individual _____ other pet professional: _____

(Individuals referring you receive a 10% discount on their next classes)

Other: _____

Please list any special accommodations you require in order to attend this class? _____

Who is your veterinarian? _____

Checks and signed acknowledgement should be mailed to:

*Puppy Adept, Inc.
3721 Tanners Mill Rd.
Gainesville, GA 30507*

**You may also fax your forms to (770) 967-7836*

Additional family members are encouraged to attend class

Children under the age of 7 must be accompanied by an adult other than you (the dog handler).

Proof of current vaccinations may be faxed to (770) 967-7836 by your veterinarian only or you may bring your paperwork with you to your first class

Please either mail or bring signed copy of acknowledgement with you to your first class

ACKNOWLEDGEMENT AND WAIVER

I understand that attendance of a dog obedience training class is not without risk to me, members of my family, guests who may attend, or my dog, because some of the dogs to which I (we) will be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care. The instructor will work with you and your dog to facilitate the training process, however it is your responsibility to work with your dog outside of the class. While it is not possible or appropriate to guarantee behavioral results, consistent training following the guidelines laid out by the instructor should result in improvement. Instructor reserves the right to refuse services to a dog deemed unhealthy, excessively aggressive or otherwise unsuitable for the service provided.

I understand that in the course of participation in the aforementioned dog training/behavior activities I will not hold PAI liable for any injuries to Participants caused by any equipment, facilities, ground or personnel for such activities at or in connection with any training location.

I hereby release, forever discharge and otherwise hold harmless PAI, their officers (individually and in their official capacities) and agents from any and all claims, demands, rights and causes of action, of whatever nature and kind, arising from and by any reason of any and all known, unknown, foreseen and unforeseen bodily and personal injuries, including death, damages to personal property and the consequences thereof, resulting from participation in or in any way connected with the aforementioned dog training/behavior activities.

I hereby waive and release the employees and administrators of PAI from any and all liability of any nature, past, present and future, for injury and damage which I or my dog may suffer, or that my dog may inflict on another animal or person, including specifically, but without limitation, any injury or damage resulting from the action of any dog, including my own. I expressly assume responsibility for the risk of any such damage or injury while attending any training session regardless of location.

I certify that I have read the above carefully before signing. I further certify that I am in good physical condition and there is no medical impediment to my participating in said activities.

Owner Signature: _____ Date: _____

Print name: _____

No refunds after first class

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***Thank you for taking the time to answer our questions
and
Thank you for choosing Puppy Adept, Inc.!***