



# Class Registration

Owner/Handler name: \_\_\_\_\_

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

City/State/zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Dog's name: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Birthdate/age: \_\_\_\_\_  
 \_Male\_Female spayed/neutered: \_yes\_No

Veterinarian/Practice: \_\_\_\_\_ Phone: \_\_\_\_\_

**We must have a current copy of your dog's required vaccinations BEFORE class begins. Please ask your veterinarians office to fax a copy to us at (804)355-6550. Thank you.**

Circle which package you would like to purchase:

Agility Packages	Start/ Orientation Date	Tuition
Levels: 2 months : class 2x a week	/ /	\$145
Levels 2 months: UNLIMITED	/ /	\$175
Levels: 6 months: class 2x a week	/ /	\$375
Levels: 6 months: UNLIMITED	/ /	\$425

Obedience Packages	Start/Oreintation Date	Tuition
Levels: 2 months : 1 DC day free	/ /	\$150
Levels: 3 months: 2 DC days free	/ /	\$215
Levels 10 visit pass	/ /	\$160

**All class fee/tuiton at NON-REFUNDABLE and non transferable**

Date paid: / / \_\_Cash \_\_Check \_\_VISA/Mastercard Total paid: \_\_\_\_\_

**Please answer the following questions, read the waiver and sign below to complete your registration**

Do you or your dog have any physical limitations:  Yes  No

If yes,

explain: \_\_\_\_\_

Has your dog ever shown aggressive behavior toward you, other people or another dog?

Yes  No

If yes, what were the

circumstances? \_\_\_\_\_

Has your dog had any training before?  Yes  No

If yes, what kind of training?

Informal

Formal (what kind/school?) \_\_\_\_\_

Private (what kind/ with whom) \_\_\_\_\_

Boarding (what kind/ with whom) \_\_\_\_\_

Is this your first dog?  yes  No If no, what type of training have your other dog(s) had?

Formal  Informal  Private  No training

What are your main goals for this

class? \_\_\_\_\_

## Waiver and Agreement to Hold Harmless

I understand that participation in the training at the All Dog Adventures is not without some risk to myself, members of my family or guests who may attend, or my dog; that despite all the dogs appearing healthy and being handled with the greatest amount of care and foresight, dogs are not always predictable and the unexpected may occur. I hereby waive and release All Dog Adventures, its employees owners and agents from any and all claims while on the grounds or surrounding areas thereto, and resulting from participation in training at All Dog Adventures. Including specifically, but without limitations, any injury or damage resulting from the action of any dog, including my own.

\_\_\_\_\_ (Initial)

I Further agree to pay any veterinary/medical expenses incurred as a result of injury caused by my dog(s). I give All Dog Adventures permission to seek veterinary care at the veterinarian of their choice if they deem it necessary for my dog(s) expense, however. I will not hold All Dog Adventures responsible if they fail to seek veterinary care.

\_\_\_\_\_ (Initial)

I Further understand that participants and guests in classes are expected to abide by the rules and policies set forth by All Dog Adventures and agree to abide by those rules and policies.

\_\_\_\_\_ (Initial)

I further understand that payment made for class registration is non-refundable and non-transferable for any reason. \_\_\_\_\_ (Initial)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dog's Name: \_\_\_\_\_