



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	/ /	\$150
Levels 2 months: UNLIMITED	/ /	\$225
Levels: 6 months: class 2x a week	/ /	\$400
Levels: 6 months: UNLIMITED	/ /	\$600

Obedience Packages	Start/Oreintation Date	Tuition
Levels: 2 months : 1 DC day free	/ /	\$160
Levels: 3 months: 2 DC days free	/ /	\$230
Levels 12 visit pass	/ /	\$180

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: _____