

Dog Training Sign-up

Name: _____ Email: _____

Phone: _____ Emergency Contact: _____

Mailing Address: _____ City: _____

Text message ok? No ___ Yes ___ Text Number: _____

Dog's Name _____ Breed/mix: _____

Age: _____ Sex: _____ Spayed/Neutered: _____

Please make sure your dog is up to date on their required vaccines.

1. What does your dog do when on-leash and sees another dog?
2. What does your dog do when they are approached by a stranger?
3. Does your dog harm itself or destroy the home if left alone?
4. What does your dog do if someone tries to take away food or a toy?

Liability Waiver:

_____ In consideration of their participation in a dog training session, the Client/Participant, on behalf of themselves and any persons attending the dog training session, waive, release and agree to hold harmless SMVHS and any and all of its employees, volunteers, agents, insurers and successors from any and all causes of actions, claims, demands, losses, injuries and damages of any kind which may be sustained by them or their dog/s in connection with the dog training session. Client/Participant is responsible for damages caused by their dog/s and/or family members.

Image Waiver:

_____ I give my permission to SBHS to use any and all footage and still photos from these training sessions of my dog and me for use in seminar, advertisements, Internet Video demonstrations, Face Book, SBHS website, seminars by other professionals per SBHS's permission, DVDs or other purposes, to be included at the sole discretion of those parties, and without remuneration to me.

To opt out of image release, please initial here _____

Printed Name: _____ Signature: _____

Date: _____