

**RELIABILITY CLASS
REGISTRATION FORM**

START DATE: _____

CLASS DAY & TIME _____

Week I _____ Missed _____
Weel II _____
Week III _____
Week IV _____
Week V _____
Week VI _____
Week VII _____
Week VIII _____

OWNER'S NAME	DOG'S NAME
Address	Age Breed
City, State, Zip	Sex: M F Spayed/Neutered? Y N
Home Phone	
Business Phone	

My goals for this class:

Veterinarian _____ Phone _____

My dog is current on the following vaccinations (puppies must have 1 set of shots):

- DHPP (Distemper/Hepatitis/Parvo/Parainfluenza)
- Leptospirosis [part of DHLTPC]
- Bordetella
- Rabies

If your dog has had any illness or skin condition in the last 6 months, please list it below and how it was treated.

Office Use CK# / Amount _____ Confirmed:

WAIVER, ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS

I understand that attending a dog obedience training class may not be completely without risk to myself, members of my family, or my dog. I hereby waive and release Dog Talk Training and Behavior Services Inc. , its employees, owners, and agents from any and all liability of any nature, for injury or damage which I or my dog may suffer, including specifically, but not without limitation, any injury or damage resulting from the action of any dog, and I expressly assume the risk of any such damage or injury while attending any training session or other function of Dog Talk, or while on the training grounds or surrounding area thereto. In consideration of the acceptance of my application for training ore consultation, I hereby agree to hold harmless Dog Talk, its employees, owners, subcontractors and agents from any and all claims, or claims by any member of my family or any other person accompanying me to any training, consultation or other function of Dog Talk or while entering, handling, and departing the grounds or the surrounding area thereto as a result of any action by any dog, including my own.

To help ensure the safety of all participants, I also agree to abide by any instructions either verbal or written given by Dog Talk staff regarding any aspect of dog handling or class participation while on the premises. I also understand that failure to abide by such safety instructions may result in the expulsion of my dog from class without refund.

I understand that I may only bring enrolled dogs to class and I assume all responsibility for any children or guests that I bring to class. I also acknowledge that my dog is in good health and current on vaccinations recommended by Dog Talk Training & Behavior Services Inc. (listed on reverse side of this form). Having read this entire document and understanding all of its terms, I agree to be bound by same as evidenced by my signature below.

Dog Talk reserves the right to remove any dog from class if it deems the removal necessary for the Good of the participant in question or other human or canine participants.

**Signature of Owner/Trainer or Authorized Agent_____

Date _____



Class times are assigned on a first-come first-served basis--send your registration form and check early! Class sizes are limited.

Please make check or money order payable to
Dog Talk Training and Behavior Services Inc.

Mail form and payment to:

Dog Talk Training & Behavior Services
2665 Billingsley Road
Columbus, Ohio 43235
614-792-6331

To pay with credit card, please call 792-6331

Class fees are non-refundable

Returned check will incur a \$25 charge to cover fines and processing costs.