



**HANDLER INFORMATION**

Name:	Circle applicable: Private, Group, Wash, Walk, Sitting, Taxi, Products
Address:	
P.O.Box:	Email Address:
Phone:	Cell Phone:

**DOG INFORMATION**

Name:	Please list allergies and / or skin conditions:
Breed:	Age: Gender:
Vaccinations up to date? Y/N Spayed or Neutered? Y/N Car Sick? Y/N Sociable? Y/N Aggressive? Y/N	
Veterinarian:	
<b>AS A CONDITION TO ACCEPTANCE OF THIS APPLICATION, THE AGREEMENT BELOW MUST BE READ AND SIGNED.</b>	
<p>I understand that attendance of a dog obedience training class is not without risk to myself, members of my family or guests who may attend, or my dog, because some of the dogs to which I will be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care</p> <p>I hereby waive and release the <b>STUBSDALE DOG CARE CENTER</b> hereinafter referred to as the Training Organization, its employees, officers, members and agents from any and all liability of any nature, for injury of damage which I or my dog may suffer, including specifically, but without limitation, any injury or damage resulting from the action of any dog, and I expressly assume the risk of such damage or injury while attending any training session, or any other function, of the Training Organization, or while on the training grounds or the surrounding area thereto.</p> <p>In consideration of and as inducement to the acceptance of my application for training membership of this Training Organization, its employees, officers, members and agents from any and all claims or claims by any member for any family or any other person accompanying me to any training session or function to the Training Organization, or while on the grounds or the surrounding area thereto as a result of any action by any dog, including my own.</p>	

Signature of Owner

Date

(In case of a minor, a parent or legal guardian must sign.)		
Name of Owner (If different from name above)		
Street:	Telephone:	P. O. Box: