



DOGS BEHAVEN
TRAINING SOLUTIONS

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905-729-0173

DOG TRAINING ENROLLMENT FORM

Program Registering For: _____ Start Date/Time: _____

Attendee Name: _____ Email: _____

Full Address: _____

Phone: _____ Dog's Name: _____

Age of Dog: _____ Date of Birth: _____ Male Female Weight: _____

Breeds (List all known): _____ Colour/Markings: _____

Has your dog been spayed/neutered? Yes No List any health issues or medications your dog is on:

Where did you get your dog - Please list name of rescue or breeder.

Is your dog current on the following age-appropriate vaccinations?

Rabies Distemper Parvovirus Combo Instructor's initials: _____

Please list any behaviour problems you may have with your dog: _____

Has your dog ever bitten anyone? Yes No If yes, describe what triggers your dog to bite:

Please list your veterinary clinic name and town: _____

Has your dog had previous training? Yes No If so, please list where: _____

How did you hear about Dogs BeHaven Training Solutions _____

Note: No refunds can be issued after payment has been accepted. For urgent matters we will do our best to move you to a more suitable training time, at our discretion.

For Office Use Only
Notes: _____



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DOG TRAINING LIABILITY RELEASE AND WAIVER

I hereby acknowledge, and I am aware that there are inherent risks and hazards involved in activities with and around dogs, and I am voluntarily participating in these activities with Dogs BeHaven Training Solutions. I am aware of the potential dangers that any dog, regardless of training, handling, or environmental circumstance, is capable of biting and I expressly acknowledge the risks therein.

In order to participate in dog training classes or other activities I (and, if a minor, my undersigned guardian), being fully informed of such risks and hazards, agree to assume all risks of such occurrences, and do hereby freely and voluntarily execute this Release and Waiver.

I hereby waive and release Dogs BeHaven Training Solutions, its landlord, employees, owners and agents from any and all liability of any nature, for injury or damage that I or my dog or members of my family or my guests may suffer, including specifically, but not limited to, any injury or damage resulting from the action of my dog, or any other dog participating in a Dogs BeHaven Training Solutions dog training activities, and I expressly assume the risk of any such damage or injury while attending any training session or function of Dogs BeHaven Training Solutions, or while on the training grounds or surrounding area thereto.

I agree to indemnify Dogs BeHaven Training Solutions from any and all claims by myself, member of my family, or any agent while within training facilities, within my home or property, or in the general public as a result of any action or inaction, of either my dog or any other.

I acknowledge that I fully understand the terms and provisions of this Release and Waiver.

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Parent or Guardian Signature of all attending/participating children under the age of 18 _____

Dogs BeHaven Training Solutions has permission to photograph me and my dog and use such pictures for promotional purposes without liability or obligation of any kind to me. Yes: No: (initials) _____