

Denise Smalt
607-776-5527

CGC REGISTRATION 2010

Class Start Date: _____

Class Time : 7:30
Willow Creek Kennel
Obedience Class

Please fill out as completely as you can, and be sure to sign at bottom, then bring with you to 1st class.

Name: _____ # of people in family : _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell : _____ Email: _____

Dog's Name: _____ Breed: _____ Color _____

Age: _____ Male or Female: _____ Spayed/Neutered ? _____ If not, Why ? _____ When? _____

Veterinarian / Vet Hospital: _____ Date of last visit? _____

Immunizations: Rabies: _____ Due: _____ Yearly DHLPP: _____ Due: _____ Date /Last Worning _____

All dogs must be up to date on vaccinations to attend class. If you have forgotten your records, be sure to bring them next week.

Commands your dog knows/ Classes Taken: _____

Problems you have with your dog: _____

Aggression ? Yes / No _____ With people ? _____ With family members ? _____ Other dogs ? _____

For those interested in Pet Therapy Testing : TDI requires that dogs have never been aggressive. (with people and dogs)

Will you be taking the TDI Pet Therapy Test ? _____ (Additional Cost : \$10 to Tester)

Goals for your dog (what do you want to learn from this class) _____

Your experience in training: _____

Any concerns or questions : _____

Agreement To Hold Harmless, Waiver and Assumption Of Risk

I understand that attendance at a dog obedience class is not without risk to myself, members of my family or guests who may attend, or my dog.

I hereby waive and release Willow Creek Kennel / Pete and Denise Smalt hereinafter referred to as "The Training Organization", its employees, officers, members and agents from any and all liability of any nature, for injury or damage which I or my dog suffer, including specifically, but without any limitation, any injury or damage resulting from the action of any dog. I expressly assume the risk of such damage or injury while attending any training sessions or any functions of the Training Organization, or while on the training grounds or the surrounding area thereto. In consideration of an inducement to the acceptance of my application for training by the Training Organization, I hereby agree to indemnify and hold harmless the Training Organization, its employees, officers, members, and agents from any and all claims, or claims by any member of any family or any other person accompanying me to any training session or function of the Training Organization, or while on the grounds or surrounding area thereto as a result of any action by any dog including my own.

Signed: _____ Date: _____

SEND \$25.00 Deposit : To hold your spot – send to: 7913 Cty. Rd. 13, Bath N.Y. 14810 ASAP

1st Class: Please present the following :_ 1. Vet records for: DHLPP and Rabies

(Bring up to the table, when you arrive) **2. Balance Due: \$100 - Total: \$ 125.00 Test Only \$ 15.00**

* TDI is an additional \$10.00 – paid to the Tester , the night of the test. (Repeat CGC students: \$75) 2 Dogs \$ 195

*** No Refunds-For any Reason *\$ 25.00 Charge on all returned checks. Make checks to : DeniseSmalt**

Do not write below

Received: Records _____ DHLPP due: _____
Rabies due : _____

Payment: _____ Cash \$ _____
Check / Money Order # _____ \$ _____