

Denise Smalt
607-776-5527

Repeat REGISTRATION

Location: _____

* Class Time : _____

Willow Creek Kennel
Obedience Class

Please fill out as completely as you can, and be sure to sign at bottom, then send in with \$25.00 deposit.

Name: _____ # of people in family : _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work / Message: _____ Email: _____

* **Person/Persons doing the training: (Will appear on Certificate)** _____ *

Dog's Name: _____ Breed: _____ Color _____

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

Where did you get your dog from ? Breeder__ Shelter__ Individual__ Pet Store__ Other__ * **At what age ?** _____

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

Immunizations Due dates: Rabies: _____ Yearly DHLPP: _____ / Last Worming: _____ *Kennel Cough: _____

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.

* For indoor classes, you may want the kennel cough vaccine, it should be given 2 weeks prior to class, and lasts 4 months. Is Not required !

Horseheads Location - Class Time : _____ 5:00 _____ 6:15



Date of last class: _____ Commands your dog knows: _____

Problems you have with your dog: _____

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

Are you interested in further training ? _____ Type: _____

First Class : Bring your dog and your homework booklet. (please do not give your booklet to other people)

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: _____

6 week repeat course \$60 Send: \$25.00 Deposit – to hold spot in class & req. form

At first class - present the following : Payment Balance: \$ 35.00 Cash Vet Records - if changed

\$ 60.00 For repeat students within 4 months, same dog/handler - without a new booklet * **\$120** for 2 dogs / same house,

Make checks to : Denise Smalt * \$ 25.00 Charge on all returned checks.

* **No Refunds** - For any Reason

Deposits may be transferred to another class, with prior arrangements / cancellation is at least 1 week before first class starts !

Balance Due at first class: \$35.00 Cash preferred. With \$25.00 deposit previously sent in.

Do not write below

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

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