



Howling Success K9 Services

Registration Form for Puppy Kindergarten

Registration forms must be brought to the first class

Owner Name: _____ City: _____

Email Address: _____ Phone: _____

Dog's Name: _____ Breed: _____

Spayed or Neutered: _____ Age: _____

Veterinarian: _____

How did you hear about our classes? _____

Please tell us your concerns, comments, questions or any other important information about your dog: _____

Has your dog ever shown aggression (lunging, growling, baring teeth, snapping, and/or biting) to another dog onto a person? Yes No

By submitting the above form I/we, _____, agree that as consideration for use and enjoyment of the class and facilities, I/we hereby release Howling Success K9 Services and Kristine Berg, class instructors, employees, including those owning or working for the physical facility where classes are conducted from any claims of damage or liability including attorney's fees, medical payments, property damage, or bodily injury damages. I/we also agree that I am assuming the risk of participating in training where there are other dogs whose temperament is unknown to me: that I assume full responsibility for any injury that may occur to me, to my dog or dog's, or other property, or any damage that would ordinarily be due me, that I waive any right that I may have to institute any suit or other proceedings to recover therefore.

I/we further agree that there will be no refunds for missed classes or for the discontinuation of classes. If there is an unusual circumstance, the Instructor may make an exception at her discretion and assign a student to another class that will be convenient for both parties. If, for any reason, the Instructor cannot complete the class, a refund will be offered.

_____ I acknowledge that I have read and fully understand this document (Please initial)

Signed this _____ day of _____ 2009.

Signature: _____