

Fido Fitness Class Registration

Please print clearly or type.

Class:	Start Date:	Time:

<i>Paid?</i>	<i>Check (with number) or Cash?</i>	<i>Office Use:</i>

Owner's Name:

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Mailing Address:

Email:	Phone:
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Dog's Name:	Breed:

Gender:	Spayed/Neutered?	Age:

Up to date on vaccinations? **A copy of rabies vaccination certificate is required.**

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Does your dog have a history of human or animal aggression? Please explain:

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What does your dog eat?	How often?	How much?

Your dog's favorite thing to do?	Favorite toy?	Favorite treat?

Any food allergies?

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Any training issues?

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What are your goals for this class?

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Any questions you have?

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Class Waiver:

I understand that dog training involves risks to myself, members of my family, and my dog. I assume all risks associated with participating in this training class and will not hold Fido Fitness and L&E Berg K9s, LLC or its instructors responsible in the event of injury to myself, family members or my dog. I agree to comply with the instructions, rules and decisions of the training instructor as it relates to me or my dog's ability to safely complete this class. I also agree to assume all responsibility for any damage done to property, persons, or other dogs done by me or my dog's actions.

I understand that there will be no refund after the second class meeting. I also understand that there are no regularly scheduled make up sessions and that if I miss a class meeting, the course instructor is not required to make amends. I understand that the Fido Fitness and L&E Berg K9s, LLC does not guarantee the results of its canine training classes. I grant permission to use my pet's photograph(s) and/or video(s) taken during training sessions for educational and promotional purposes in any type of media.

I understand that all dogs participating in the training classes must be free of any infectious disease and must be current on all appropriate vaccinations, including bordatella, distemper, parvovirus and rabies. I also understand that all dogs enrolled in the training course must be receiving monthly preventative treatments for the control of fleas.

I hereby agree and covenant for myself, my heirs, executors, administrators and anyone else who may claim on my behalf to waive, release and discharge Fido Fitness and L&E Berg K9s, LLC and its members from any and all claims arising out of or in connection with or in any way related to this training class.

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Signature

Date