



# Class Registration Form

Class \_\_\_\_\_

Time \_\_\_\_\_ Start Date \_\_\_\_\_

Owner(s) \_\_\_\_\_

—

Address \_\_\_\_\_

\_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Dog's Name \_\_\_\_\_

Breed \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Is your pet spayed or neutered?      Y      N

Has your dog had previous training? If so, please describe below:

\_\_\_\_\_

\_\_\_\_\_

Veterinarian \_\_\_\_\_ Phone \_\_\_\_\_

Are there any other issues we should know about? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Please bring your vaccination records to the first class.

Make your check payable to The Capable Canine, 863 Alfred Road, Arundel, ME 04046. If you would like to pay by credit card, please contact the instructor directly.

Instructor contact info: Jessica Robichaud, CPDT-KA

207-604-0480 (Cell)

[www.thecapablecanine.com](http://www.thecapablecanine.com)

[Jessica@thecapablecanine.com](mailto:Jessica@thecapablecanine.com)



## Liability Release & Indemnity Agreement

I, \_\_\_\_\_, give permission to Jessica Robichaud of the Capable Canine and her assistants to observe, train and/or work with my dog(s). I do for myself and for my heirs, administrators, dogs and assigns, do hereby release, indemnity and hold The Capable Canine, the above mentioned trainer and their agents and or/employees harmless from and against any/all liabilities, losses, expenses, injuries, damages, suits or judgments whatsoever which may occur or arise in the course of or in connection with my activities with private sessions or group classes taught by the Capable Canine.

I submit the Release and Indemnity Agreement as part of my application to participate in group/private training sessions as taught by the above trainer.

I acknowledge that I am aware that while participating in activities designed to teach and/or rehabilitate behavior problems of my dog certain exposures to risk may be involved. These exposures may include, but are not limited to, accidents, falls, bites, scratches, strenuous physical exercise and the physical and other risks involved in high stress levels of work designed to teach or rehabilitate my dog.

I agree that this waiver and this Release and Indemnity Agreement shall be binding upon heirs, and that it shall inure to the benefit of the successors, heirs, dogs and assigns of the released parties.

Photo Release: I give my permission to use taken photos of me and/or my dog by any employee or representative of The Capable Canine on our website, Facebook page or other marketing materials.

Yes \_\_\_\_\_ No \_\_\_\_\_

### Informed Contest

I have carefully read and agree to all parts of the agreement.

Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_