ALL BUSINESS TRANSACTIONS DONE THROUGH HARTLAND OFFICE
$\qquad$ Date:
Address:

City:
State: $\qquad$ Zip: $\qquad$
Phone Number: ( ) Alt Number: ( ) ___

## E-Mail:

Dog's Name: __ Breed: $\qquad$ Age when class starts: $\qquad$ Male or Female
Is your dog neutered or spayed? $\qquad$ YES $\qquad$ NO Dog's DOB:
Start Date of Class: $\qquad$ Time of Class: $\qquad$ Location: $\qquad$ Hartland $\qquad$ Pewaukee
Check Type of Class You are Registering For: $\qquad$ Basic Manners $\qquad$ Level 2 Manners $\qquad$ Rally
$\qquad$ Flyball 1 $\qquad$ Pup Agility __ Agility 1 __ Agility Plus $\qquad$ Focus \& Cont. $\qquad$ Canine Good Citizen Therapy Dog $\qquad$ Rally-Agility Combo 1 $\qquad$ Everyday Essentials $\qquad$ Shy Dog $\qquad$ Rocket Recall $\qquad$ Other Your Vet Clinic's Name $\qquad$ How did you hear about us?
Are you a past client?
YES
$\square$
NO

$\square$

Payment: Amount Due: \$ $\qquad$ FULL PAYMENT IS DUE AT TIME OF REGISTRATION.

## PLEASE MAKE CHECK PAYABLE TO BEST PAW FORWARD AND MAIL IT ALONG WITH THE COMPLETED

 REGISTRATION FORM TO 1005 Richards Rd., Suite H, Hartland, WI 53029 or CALL WITH CREDIT CARD (for both Hartland and Pewaukee classes)Does your dog have any physical limitations/medical problems? Y / N What?
Is your dog on medication now? $\mathrm{Y} / \mathrm{N}$ What?
Do YOU have a physical limitation we should allow for in class (hearing/vision)? Y/N What? $\qquad$
List other family members including pets $\qquad$
Dog was acquired from (circle): $\qquad$ PET SHOP _SHELTER/RESCUE $\qquad$ BREEDER OTHER

Age of dog when acquired $\qquad$ How long have you had this dog? $\qquad$
Have you attended an obedience class before with any dog? When/Where: $\qquad$
What did you like most about that class?
What do you want to accomplish in this class? 1. $\qquad$ 2. $\qquad$ 3. $\qquad$
Approx. \% of time dog is: Inside _ \% Outside _ \% Without Humans _ \% Tied__ \%
About how many minutes per day do you: Walk your dog on leash __mins. Run your dog__mins. If you've had previous dogs: What did you like about them?

What did you like least about them?
What do you like best about THIS dog?
What concerns you most about your relationship with THIS dog?

| Food Treats | Toys | Interactions with YOU |
| :--- | :--- | :--- |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

What is your dog's regular food?
What times are your dog's meals?
Circle anything that applies to your dog:

| GROWLS | SHY | FEARFUL | GUARDS FOOD/TOYS |
| :---: | :---: | :---: | :---: |
| PUSHY | BITES | DESTRUCTIVE | WON'T LISTEN TO ME |
| EXCESSIVE ENERGY | AGGRESSIVE | NOISY | MOUTHY |
| TOO ATTACHED TO ME | NOT GOOD W |  | NOT GOOD WITH DOGS |

Briefly explain anything you have circled:

## RELEASE AGREEMENT Participant hereby agrees to the following:

1. Participant recognizes the inherent risks associated in training a dog and realizes that a dog is a creature capable of and given to independent action. Participant assumes the entire risk and responsibility for property damage and personal injury, harm, or death that may occur to themselves or guest they bring with them or send in their place as a result of the actions or inactions of Participant, another person, or certain canine behaviors, including, but not limited to, biting, knocking over, jumping upon, pulling, transmittable diseases, or unpredictable reactions to drugs or medications whether caused by Participant's dog or the dogs of other Participants. Due to the interactive nature of the classes and for the safety of all, children handling the dog must be at least 8 years old and must remain in the training area with the adults at all times.
2. Participant agrees to fully release and forever discharge Best Paw Forward, its agents and employees, from any and all claims for loss, damage or injury arising out of or related in any way to negligence on the part of Best Paw Forward in providing services to Participant. Participant affirms that they are physically able to participate in class.
3. Participant affirms that his/her dog is current on all required vaccinations, and is free from infections, parasites, and contagious or transmissible diseases. Participant understands that he/she must provide Best Paw Forward with a current vaccination record from his/her dog's veterinarian with the registration form on or before the first day of class. All dogs \& puppies must be current on Rabies (if dog is over 4 months), Distemper \& Bordetella. You may not participate in class unless we can verify vaccinations. Dogs that are sick (vomiting/diarrhea) may not attend class. However, you should attend class and work at home with your dog.
4. Participant agrees to maintain full control over his/her dog, and agrees to indemnify, hold harmless, and defend Best Paw Forward, its agents and employees, for any damages to property, person, or other animals whatsoever and from any and all claims, demands, or suits, relating thereto arising out of or resulting from the actions of Participant's dog, or him/herself or guest of the participant. Participant affirms that they are physically able to participate in class. Participant also certifies that they are enrolling for training with Best Paw Forward for their own personal use and/or that of their family and that participant(s) are not affiliated with any other training group nor do they offer training or instruction to others, whether paid or not. Participant agrees to observe all rules established by Best Paw Forward and abide by all instructions provided by Best Paw Forward and its agents and employees and authorizes media personnel to make use, edit and publish photographs, videotapes or other audiovisual records of you and your dog. No payment has been promised or is anticipated.
5. Participant understands that the class fees are due prior to the start of the first class and are non-refundable. Best Paw Forward is not responsible for missed sessions. There will be $\$ 35.00$ charge for all returned checks due to insufficient funds. If you wish to cancel out of a class or switch to a different session, we require 72 hours notice prior to its start date or you will be charged for the entire segment of classes. If you are outside of that window you will be charged for the entire segment of classes.
6. Participant understands that he/she should wear flat, non-slip shoes (tennis shoes) NO FLIP FLOPS to each class, and that his/her dog must attend each class with a properly fitted buckle or snap collar and a six foot, leather or nylon leash. No Flexi type leashes! No Choke, Prong or Shock collars!
7. Participant represents that he/she is of lawful age (over 18 years of age), and legally competent to execute this statement and that before signing it, has read and understood its contents.
[^0]Name of Human Participant (print)
Date


[^0]:    Signature of Human Participant

