

ALL BUSINESS TRANSACTIONS DONE THROUGH HARTLAND OFFICE



Send/Email ALL Registrations forms to:
1005 Richards Road, Suite H, Hartland, WI 53029
(262) 369-3935 Email: bestpaw@att.net

REGISTRATION FORM / STUDENT PROFILE

Please fill out form and mail back with payment or resave as .pdf file and email back to us at bestpaw@att.net, then call with payment information.

Your Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: () _____ Alt Number: () _____ E-Mail: _____

Dog's Name: _____ Breed: _____ Age when class starts: _____ Male or Female

Is your dog neutered or spayed? ☐ YES ☐ NO Dog's DOB: _____

Start Date of Class: _____ Time of Class: _____ Location: ☐ Hartland ☐ Pewaukee

Check Type of Class You are Registering For: ☐ Puppy K ☐ Basic Manners ☐ Level 2 Manners ☐ Rally
☐ Flyball 1 ☐ Pup Agility ☐ Agility 1 ☐ Agility Plus ☐ Agility 2 ☐ Focus & Cont. ☐ Canine Good Citizen
☐ Therapy Dog ☐ Ral-Agil Combo 1 ☐ Everyday Essentials ☐ Shy Dog ☐ Recall ☐ Leash Walking ☐ Other

Your Vet Clinic's Name _____ How did you hear about us? _____

Are you a past client? ☐ YES ☐ NO

Payment: Amount Due: \$ _____ **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? Y / N What? _____

Do YOU have a physical limitation we should allow for in class (hearing/vision)? Y / N What? _____

List other family members including pets _____

Dog was acquired from (circle): ☐ PET SHOP ☐ SHELTER/RESCUE ☐ BREEDER OTHER _____

Age of dog when acquired _____ How long have you had this dog? _____

Have you attended an obedience class before with any dog? When/Where: _____

What did you like most about that class? _____

What do you want to accomplish in this class? 1. _____ 2. _____ 3. _____

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? _____

Please continue on next page.....

Rank 3 of your dog's favorite:

	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:

<input type="checkbox"/> GROWLS	<input type="checkbox"/> SHY	<input type="checkbox"/> FEARFUL	<input type="checkbox"/> GUARDS FOOD/TOYS
<input type="checkbox"/> PUSHY	<input type="checkbox"/> BITES	<input type="checkbox"/> DESTRUCTIVE	<input type="checkbox"/> WON'T LISTEN TO ME
<input type="checkbox"/> EXCESSIVE ENERGY	<input type="checkbox"/> AGGRESSIVE	<input type="checkbox"/> NOISY	<input type="checkbox"/> MOUTHY
<input type="checkbox"/> TOO ATTACHED TO ME	<input type="checkbox"/> NOT GOOD WITH PEOPLE	<input type="checkbox"/> NOT GOOD WITH DOGS	

Briefly explain anything you have circled: _____

RELEASE AGREEMENT Participant hereby agrees to the following:

- 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.
- 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.
- 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.
- 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.
- 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.
- 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!**
- 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.

Signature of Human Participant

Name of Human Participant (print)

Date

Signature of Human Participant

Name of Human Participant (print)

Date