

# CANINE OBEDIENCE BY CLAIRE SILVER Registration Form

(802)895-4826 email: [clairesilver@smartdogz.biz](mailto:clairesilver@smartdogz.biz) website: [www.smartdogz.biz](http://www.smartdogz.biz)

Mail registration form, canine vaccination record and class fee payable to:

Claire Silver 782 Whittier Rd. Derby Line, VT. 05830

## HANDLER INFORMATION ( please list age if under 18)

Name:	<input type="text"/>
Address:	<input type="text"/>
City/State/Zip:	<input type="text"/> , <input type="text"/> <input type="text"/>
Contact Information: <b>required</b>	(home) <input type="text"/> - <input type="text"/> - <input type="text"/> (work/cell) <input type="text"/> - <input type="text"/> - <input type="text"/> ext. <input type="text"/> (e-mail) <input type="text"/>
How did you hear about us?	<input type="checkbox"/> Former Student <input type="checkbox"/> Advertisement <input type="checkbox"/> Veterinarian <input type="checkbox"/> Brochure <input type="checkbox"/> Internet <b>Please enter student name or source so we can express our appreciation for the referral:</b> <input type="text"/>

## DOG INFORMATION (send a copy of vaccination record for our files)

Name:	<input type="text"/>	Breed:	<input type="text"/>	Age:	<input type="text"/>	Sex:	M <input type="checkbox"/>	F <input type="checkbox"/>	
Aggression Problems with people or other dogs give specifics on back. History of dog bites?								no <input type="checkbox"/>	yes <input type="checkbox"/>

## FUTURE TRAINING CLASS INTERESTS

<input type="checkbox"/> Intermediate	<input type="checkbox"/> Flyball Class	<input type="checkbox"/> Hollywood Tricks	<input type="checkbox"/> Canine Good Citizen Testing	<input type="checkbox"/> Therapy Dog Work
<input type="checkbox"/> Advanced	<input type="checkbox"/> Agility Class	<input type="checkbox"/> Tracking Class		

## REQUESTED CLASS ENROLLMENT & FEES

<input type="checkbox"/> Beginner Obedience \$150	<input type="checkbox"/> Therapy Dog Class \$100	
<input type="checkbox"/> 5:30-6:30 pm	<input type="checkbox"/> 6:00-6:45 pm	<input type="checkbox"/> 6:45-7:45 pm
Class Day and Start Date _____		

RELEASE FROM LIABILITY - I hereby waive and release Canine Obedience by Claire Silver, Claire Silver, its employees, volunteers, class members and agents from any and all liability of any nature, for injury or damage which I or my dog may suffer, including specifically, but without limitation, any injury or damage resulting from the action of any dog, and I expressly assume the risk of such damage or injury while attending any training class, or any other function while on the contracted training grounds or any other area. In consideration of and as inducement to the acceptance of my application for training membership, I hereby agree to indemnify and hold harmless the above from any and all claims, or claims by any member of my family or any other person accompanying me to any of the training activities or other sponsored functions, or while on the facility or neighboring area thereto as a result of any action by any dog, including my own.

HANDLER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
If handler is under 18, registration MUST be signed by both handler and adult. **Note class start date on your calendar.**