



Registration Form

ITrainSpot.com

Please **Print Clearly** and Fill in all Information

Incomplete or Illegible entries may result in

Errors on your **Graduation Certificate**

For Office Use:

Session

Location

Class

Instructor

Owner

Name _____

Address _____

City, State, Zip _____

Phone (____) ____ - _____ Email _____

Is this the first time you have enrolled a dog in obedience classes? Yes No

Place you trained before _____ Trained here before

How did you hear about us?

Website

Newspaper

Sentinel

Pajaronian

Californian

Phonebook

Feed/Pet Store

Breeder

Vet

Friend

Dog

Call Name _____ Age: _____

Breed _____

Sex Male Neutered Male Female Spayed Female

Shy or Easily Frightened: Yes

Unfriendly toward dogs: Yes

Rabies Date Due: _____

Unfriendly toward people: Yes

Has bitten someone: Yes

DHLPP Date Due: _____

I certify that this dog has been inoculated against distemper, parvo, and rabies.

I have read, understand, and agree to abide by the Training Class Policies. There will be no smoking or alcoholic beverages allowed in the training facility. I agree to observe parking instructions, posted speed limits, and handicap parking placards while on the grounds of the training facility.

I understand that there will be no cash refunds, however in case of prolonged illness of dog or handler with a veterinarian's/doctor's statement, the class may be made up within six (6) months.

I acknowledge that every precaution has been and will be taken to safeguard the health and safety of my dog, and agree to follow the rules and direction set forth by the instructor. I assume responsibility for any injury or accident involving my dog, including injury to my dog or injury to others or the property of others by my dog. In the event of such an injury involving my animal, I will be responsible for same. I acknowledge that my dog is being trained at my OWN risk. I further acknowledge that I assume the risk involved in being present at a dog training facility and I release ITrainSpot, the trainer and staff from any claim for damage or injury.

Signature (Owner/Handler): _____

Date: _____

For Office Use:

Cash \$ _____

\$10 service charge for returned checks

Check \$ _____

Check # _____

Authorization: _____