

**Registration Form:** *Please print all information.* List the name/s of all of the person/s who may work with the dog in class as "Handler/s" so that your name tag can be prepared accordingly.

Handler/s \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation/s \_\_\_\_\_

Veterinarian's Name \_\_\_\_\_

Are DHL-P and Rabies Shots Current \_\_\_\_\_

Have You Owned a Dog Before \_\_\_\_\_

Breeds Owned \_\_\_\_\_

What Happened to Your Last Dog \_\_\_\_\_

Have You Trained a Dog Before \_\_\_\_\_ When \_\_\_\_\_ Where \_\_\_\_\_

What Percentage of Time Does Your Dog Spend Inside \_\_\_\_\_% Outside \_\_\_\_\_%

When the Dog is Outside, is He (Circle One):      On a Leash      Loose      Kenneled      Fenced In

Is Your Dog Alone Most of the Day \_\_\_\_\_ How Many Hours is He Alone \_\_\_\_\_

Is Your Dog Crate Trained \_\_\_\_\_ Does He Stay in It When Left Alone \_\_\_\_\_

If Not, Where Does He Stay (Be Specific) \_\_\_\_\_

Behaviors That Apply to Your Dog (Circle to Indicate):      Housesoils      Jumps      Runs Away

Won't Come When Called      Sexually Mounts      Barks Excessively      Steals Food

Chews Destructively: All of the Time or When Left Alone      Growls      Snaps      Bites

Other (Describe) \_\_\_\_\_

How Does Your Dog React to People \_\_\_\_\_ To Other Dogs \_\_\_\_\_

What Do You Hope to Accomplish \_\_\_\_\_

Do You Have Any Hearing or Other Physical Handicap \_\_\_\_\_

List the Kind of Dog Food You Use (Give the Exact Brand, Canned or Dry) \_\_\_\_\_

What Kind of Treats Do You Use \_\_\_\_\_

Where Did You Learn About PAT HOFFMAN'S \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Dog's Call Name _____
Breed _____
Dog's Age _____
Age Obtained _____
Sex: Male _____ Female _____
Neutered or Spayed _____
Age When Altered _____
Obtained From _____
Amount Paid for Dog _____

**Note Policy: NO REFUNDS-a place has been reserved especially for you!**

**WAIVER, ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS**

*(Note: This form must accompany the Registration Form for it to be valid.)*

I (We) understand that attendance in a dog obedience training class is not without risk to myself, members of my family, guests who may attend or to the dog being trained because he may be difficult to control or because some of the dogs to which I (we) will be exposed may be difficult to control and injury may be caused even when handled with the greatest amount of care.

I (We) hereby waive and release PAT HOFFMAN'S Dog Training School, its principals, its owners and its assigns, hereby referred to as the "Training Organization," its employees, officers, members and agents from any and all liability of any nature, for injury or damage which I (we) or the dog may suffer, including specifically, but without limitation, any injury or damage resulting from the action of the dog being trained or of any dog, and I (we) expressly assume the risk of such damage or injury while attending any training session, or any other function, of the Training Organization, or while on the training grounds or the surrounding area thereto.

In consideration of and as inducement to the acceptance of my (our) application for training membership by the Training Organization, I (we) hereby agree to indemnify and hold harmless this Training Organization, its employees, officers, members and agents from any and all claims, or claims by any member of my family or any other person accompanying me to any training session or function of the Training Organization, or while on the grounds or the surrounding area thereto as a result of any action by any dog, including the dog being trained.

Date signed \_\_\_\_\_

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Owner/Authorized Agent\*)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Owner/Authorized Agent\*)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Owner/Authorized Agent\*)

\*If a minor, a parent or legal guardian must also sign.