

Dog Training Class Sign-up Sheet

Owners

Name _____
Last First

Address _____

City _____ State _____ Zip _____

Home Phone _____ - _____ - _____ Cell/Work Phone _____ - _____ - _____

Dog's Name _____ Age _____ Sex _____ Nueuterred/Spayed Y N

Breed _____

Date of Vaccination: Rabies _____ / _____ / _____

Distemper _____ / _____ / _____

Parvo _____ / _____ / _____

Veterinarian's Name _____

Clinic's Name _____

PLEASE READ THE FOLLOWING PARAGRAPH BEFORE SIGNING

Remember, you are responsible for you dog's actions at all times. You must be able to control your dog well enough to prevent attacks on other dogs or people to enroll in this class.

I hereby absolve the instructor of the training class, and the owner and operators of VAL-U-VET Animal Health Inc. of any and all responsibility for any and all accidents or injuries sustained during the training session or while on the premises. I accept full responsibility for any and all actions of my dog in my possession.

Signed: _____

Parent/Guardian (if under 18): _____

Date _____ / _____ / _____