

**Doggone Connection Behavior Training Class
Registration Form and Liability Release**



Start Date: _____

Time: _____

Please Print Clearly

Name: _____

Address: _____ City: _____ Zip Code: _____

Phone: (Home) _____ Phone: (Work) _____

Email address: _____

Dog's Name: _____ Sex: _____ Age: _____

Breed: _____ Spayed/Neutered? Yes No

How long have you had the dog? _____ Where acquired? _____

Children in the home/ number? _____ Age(s) _____

Has your dog bitten anyone? _____

Why did you get this dog? _____

What do you want from this training class? _____

Release of Liability

I understand that the information and instruction I receive regarding my dog does not guarantee the elimination of risk to others or myself. I understand that a dog is an animal that has resource guarding, territorial, fear and predation disposition and can cause severe injury or death to other animals or people. I hereby acknowledge by my signature on this page that I knowingly and without mental reservation hereby release and hold harmless the business of "Doggone Connection, LLC", "For the Dogs!" "Lucky Dog Retreat," the instructors, agents and employees from any and all liability, either direct or consequential, arising out of any accidents or injuries associated with this canine behavioral instruction .

Signature of participant: _____ Date: _____

Printed name of participant: _____