

**REGISTRATION FORM****CANINE OBEDIENCE BY CLAIRE SILVER****WEBSITE: [www.CanineObedienceVT.com](http://www.CanineObedienceVT.com)****EMAIL: [UpNorthStables@gmail.com](mailto:UpNorthStables@gmail.com)****TEXT/Phone: (802) 673-7138****Text messages/email are welcome forms of contact****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:

Address:

City/State/Zip:

Contact Information:

How did you about us?

Former Student   Advertisement   Veterinarian   Brochure  
Internet

Please enter student name or source so we can express our appreciation for the referral:

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

Name:

Breed:

Age:

Sex:

Male   Female

Aggression problems with people or other dogs? Give specifics on back.

No   Yes**FUTURE TRAINING CLASS INTERESTS**IntermediateFlyball ClassHollywoodCanine GoodTherapy DogAdvancedAgility Class

Tricks

Citizen Testing

Tracking Class**REQUESTED CLASS ENROLLMENT & FEES**Beginner Obedience**Please list class start date and time:****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:

**EMAIL:****CELL PHONE:****If handler is under 18, registration MUST be signed by both handler and adult. Note class start date on your calendar.**