

REGISTRATION FORM**CANINE OBEDIENCE BY CLAIRE SILVER****WEBSITE: www.CanineObedienceVT.com****EMAIL: 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?	<input type="checkbox"/> Former Student <input type="checkbox"/> Advertisement <input type="checkbox"/> Veterinarian <input type="checkbox"/> Brochure <input type="checkbox"/> 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:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Aggression problems with people or other dogs? Give specifics on back.	<input type="checkbox"/> No <input type="checkbox"/> Yes

FUTURE TRAINING CLASS INTERESTS

<input type="checkbox"/> Intermediate	<input type="checkbox"/> Flyball Class	<input type="checkbox"/> Hollywood	<input type="checkbox"/> Canine Good	<input type="checkbox"/> Therapy Dog
<input type="checkbox"/> Advanced	<input type="checkbox"/> Agility Class	Tricks	Citizen Testing	<input type="checkbox"/> Tracking Class

REQUESTED CLASS ENROLLMENT & FEES

<input type="checkbox"/> Beginner Obedience

Please list class start date and time:

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