



COMPLETE CANINE

Professional Training and Grooming Center

Course _____

Fee _____

Starting Date _____

Time _____

(Please arrive 15 minutes early for the first session)

Please complete both sides of the form and return with class fee. If you have trained this dog at Complete Canine within the last year, and all information is the same, please just put your name, phone number and dog's name and breed on the front and sign the back of this form.

Name of person training dog *(please print)* _____

Mailing address _____

City _____ State _____ Zip _____

Phone Evening _____ Day _____

E-mail _____

Dog's Name _____ Age _____ Date of Birth _____

Breed _____ Color _____ Gender M F

Spayed/Neutered? Yes No Age when spayed or neutered _____

How long have you had this dog _____ Age when obtained _____

Obtained from Breeder Shelter Pet Store Other _____

Have you owned a dog before _____ What breed _____

Have you trained a dog before _____ When/where _____

State briefly what problems/situations you hope to have addressed in class _____

What do you hope to accomplish _____

Name of Veterinarian _____

Date of Vaccination: Rabies _____ Distemper _____ Bordetella _____

(Vaccination Certificate or proof of vaccine must accompany this application)

How did you hear about Complete Canine?

Trained here before Former trainee Current trainee

Groomer Breeder Veterinarian

Yellow Pages Newspaper Pet Shop Internet

WAIVER, ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS

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

I hereby waive and release Complete Canine, Inc., its employees, owners, 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 any such damage or injury while attending any training sessions or other function of Complete Canine Inc., or while on the training grounds or the surrounding area thereto.

In consideration of and as inducement of and as inducement to the acceptance of my application for training membership in this training class, I hereby agree to indemnify and hold harmless Complete Canine Inc., its employees, owners 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 Complete Canine Inc., or while on the grounds or the surrounding area thereto as a result of any action by any dog, including my own.

I understand that the class fee is **NON-REFUNDABLE** unless the course is cancelled.

Signature of Owner or Authorized Agent _____ Date _____
(*must be over 18 years of age*)

Make checks payable to Complete Canine. Send check and completed application to:

Complete Canine
593 Route 12A
Plainfield, NH 03781

Office Use

Date received _____

Form of payment _____

Course/Instructor _____

Confirmed by/Date _____