

TRAINING REGISTRATION FORM



PARENT'S INFORMATION

Name

Email Address

Address

City State Zip Code

Phone Number Cell Phone

PET'S INFORMATION

Name Breed Age

Female Spayed Current on Vaccinations (Rabies, Distemper and Bordetella)

Male Neutered

PLEASE LIST ANY BEHAVIORAL ISSUES OR OTHER INFORMATION WE MIGHT NEED REGARDING YOUR PET

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SERVICE NAME <i>(Ex: Level 1 Puppy)</i>	TYPE <i>(Ex: Group Class, Play & Train)</i>	DESCRIPTION <i>(Ex: 6 - Week Puppy Class)</i>	PRICE <i>(Ex: \$160)</i>
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Start Date

Day of Week Time AM/PM

I, release my Certified Behavior Buddies trainer and the owner of this franchised establishment from any and all liability for personal injury to myself, my dog, other people or dogs in the classes, children in my care, or harm to property caused directly or indirectly by my or my dog's participation in these classes or sessions. I assume sole responsibility for injury or damage caused. I agree to allow any image or likeness of myself, children in my care, or my dog that is taken while in these classes or sessions to be used in any form or format, for use at any time, in any media, marketing, advertising, illustration, trade or promotional material. I have read this carefully and fully understand that this is a release of liability. I further understand that my Certified Behavior Buddies trainer has provided an improvement plan to help modify my dog's issues based on the behavior assessment, but it will be necessary for me to work with my dog between training sessions using the training techniques.

PARENT SIGNATURE DATE