

# PUPPY / OBEDIENCE CLASS REGISTRATION FORM

## Client Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

## Pet Information

Name \_\_\_\_\_

Breed \_\_\_\_\_

Age \_\_\_\_\_

**Vaccine Records** (Your dog must be up to date on ALL vaccines prior to class attendance, except for puppies that are not old enough for all vaccines)

Name of Veterinary Hospital or Veterinarian \_\_\_\_\_

Phone Number \_\_\_\_\_

Date of: DHPP \_\_\_\_\_ Rabies \_\_\_\_\_ Bordetella \_\_\_\_\_ Lepto \_\_\_\_\_ Fecal \_\_\_\_\_

## Payment

Puppy class \$100                       Obedience class \$125

Cash  Check                       Credit Card     VISA    MC    DISC    AMEX

cc# \_\_\_\_\_

EXP \_\_\_\_\_ ZIP Code \_\_\_\_\_

## Waiver

For consideration in the form on my and my pet(s)' \_\_\_\_\_ participation in a training class, I, the undersigned, hereby voluntarily release, waive, and/or discharge BED & BARK and its owners, officers, employees, and other interns ("BED & BARK") from any and all liabilities directly or indirectly, related in any way to my and my pet(s)' participation in a training class at BED & BARK for any injuries suffered in handling, dealing with, or being around animals, including but not limited to being bitten, scratched, or clawed by the animals.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE complete and return this form along with payment in person, email ([VCH@vetcenterofhudson.com](mailto:VCH@vetcenterofhudson.com)), or fax 234.380.8620 to VCH or Bed & Bark before first class in order to reserve your spot. Once registration and payment is received, your pet is officially enrolled in class.**