



Dog Training Class Registration Form

www.centralvermonthumane.org 802-476-3811 x113

PO Box 687 Montpelier, VT 05651

Please return this form with payment for your class. Spaces are reserved on a first come first served basis with payment and verification of vaccines. Registration fees are non-refundable if cancellation is made less than 3 days prior to the start of the session. Fees will be refunded if CVHS cancels a class.

Which class you are registering for?

- Puppy Class-6wk (\$125)
- Good Manners 1, 2, or 3 (\$125)
- Tricks Class (\$125)
- Reactive Rover (\$175)
- Other _____

\$25 discount for dogs adopted from CVHS within the last 6 months.

\$10 discount off class cost for repeat students. No discounts on Puppy Play, Specialty or Reactive Rover class.

(1st choice) Start date: _____ Time: _____ (2nd choice) Start date: _____ Time: _____

Payment for class can be made by cash, check, MasterCard or Visa:

- Check enclosed – check number: _____ OR cash in the amount of: _____
- MC or Visa # _____ - _____ - _____ - _____ exp: _____

DATE OF PAYMENT: _____

TYPE: cash check MC/VISA

Vaccine History: Rabies DHPP Bordetella

Owner information

Name(s): _____

Address: _____

Phone: Day: _____

Evening: _____

Email: _____

Dog information *

Name: _____

Breed(s): _____

Date of Birth or Age: _____

Gender: M or F / Spayed or Neutered? Y or N

Are you planning to Spay or Neuter: Y or N

Does your dog have any food restrictions? Y or N
If yes, what: _____

What issues are you having with your dog or what would you like to get out of the class?

*** Verification that your puppy/dog is up to date on appropriate vaccinations will be required prior to beginning class. (16 weeks+: rabies and DHLPP series; younger than 16 weeks: age appropriate ~ speak to your veterinarian about exposure to other dogs; suggested but not required: bordetella vaccine) [Records can be faxed from you or your vet to 802-476-7833]**

In considerations of the privilege of training my dog with or through CVHS, I do hereby agree to hold harmless and indemnify CVHS, its members and agents, including any and all persons who will be conducting the Training Sessions, and the owners of any location where the training sessions are held, of and from any claim for damages, including property damage, and /or illness or injuries I might sustain while participating in any of the Training Sessions and further release CVHS and Covered Persons from any liability or responsibility for any accident, damage, injury, or illness to me or to any dog owned by me on the premises where any of the Training Sessions are held. I understand that the training premises as used in this Release and Hold harmless Agreement shall include any location where any of the Training Sessions are held, including , but not limited to, the premises located at 1589 VT Rte 14S, East Montpelier, VT.

I affirm and have proof that my dog is current on all vaccinations appropriate for my dog. I agree to abide by all the rules presented to me at a Training Session. I hereby agree to the terms of the above Release and Hold Harmless Agreement as it pertains to any minor child accompanying me to these Training Courses as well.

Signature of All Adult Class Participant(s)

Date

Name(s) of Participating Children

Date