

CVHS Dog Training Class Registration Form

Please return this form with payment for your class to CVHS. Space reserved on a first come first served basis with payment. **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. Classes run 5 weeks. First class is Humans ONLY, except Good Manners 2.

Which class you are registering for?		
	□ Good Manners: □1, □2 or □3	(\$130)
□ Tricks Class (\$130)	Reactive Rover (\$175)	Other:
\$30 discount on first cla	ss, for dogs adopted from CVHS within	n the last 6 months.
\$10 discount on class cost for repeat dog stu	dents, not repeat humans. No discou	nts on Specialty or Reactive Rover class
(1st choice) Start date:Ti	me: (2nd choice) Stc	ırt date:Time:
Payment for class can be made by cash,	check. MasterCard or Visa:	
☐ Check enclosed – check number		
☐ MC, Visa card #		
Owner information	Dog information	
Name(s):	Name:	
Address:	Breed(s):	
City: State: Zip:	_ Date of Birth or Age:	
Phone:	Gender: M or F	
Email:	-	
We recommend you talk to your veterinarian about	appropriate vaccines for exposure to oth	or dogs. Pabios is required by state law for
dogs over 16 weeks old.	appropriate vaccines for exposure to offi	er dogs. Rubies is required by state law tor
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 the training sessions are held, of and from any claim		
participating in any of the Training Sessions and furth		
accident, damage, injury, or illness to me or to any o		
understand that the training premises as used in this Training Sessions are held, including, but not limited		
I affirm and have proof that my dog is current on all	vaccinations appropriate for my doa. La	aree 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 Ag	
accompanying me to these Training Courses as wel	ı.	
Signature of All Adult Class Participant(s)		Date
Name(s) of Participating Children		 Date