



# 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?

- Puppy Class (\$130)
- Good Manners: 1, 2 or 3 (\$130)
- Tricks Class (\$130)
- Reactive Rover (\$175)
- Other: \_\_\_\_\_

**\$30 discount on first class, for dogs adopted from CVHS within the last 6 months.**

**\$10 discount on class cost for repeat dog students, not repeat humans, if prior class completed within last six months.**

**No discounts on Specialty or Reactive Rover class**

(1<sup>st</sup> 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, Visa card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ exp: \_\_\_\_\_ mailing zip code \_\_\_\_\_

### Owner information

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Dog information

Name: \_\_\_\_\_

Breed(s): \_\_\_\_\_

Date of Birth or Age: \_\_\_\_\_

Gender: M or F

[We recommend you talk to your veterinarian about appropriate vaccines for exposure to other dogs. Rabies is required by state law for dogs over 16 weeks old.](#)

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 Route 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