

DogWould *Specialized Canine Services and Premium Pet Care*

Saskatoon, SK

email: dogwould@live.ca

website: www.dogwould.weebly.com

Dog Training Group Class Registration Form and Waiver

NAME OF CLASS: _____ START DATE / time: _____

FULL NAME(S) of OWNER(S): _____

FULL NAME(S) of HANDLER for the class: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____ PHONE#: _____

EMAIL(S): _____

OCCUPATION(S): _____

PAST EXPERIENCE with dogs & training: _____

How did you learn about DogWould Classes? _____

DOG'S CALL NAME: _____ SEX: _____ NEUTER (spay, castrate): _____

DOG'S REGISTERED NAME if applicable: _____

BREED and DESCRIPTION (colour, markings, coat length, ears, tail, weight): _____

DOG'S AGE _____ Birthdate: _____ BIRTHPLACE: _____

Where/from whom/when did you acquire dog? _____

DATE OF LAST VETERINARY EXAMINATION: _____

NAME OF VETERINARIAN: _____

CLINIC: _____ PHONE #: _____

Vaccination(s) or Titre Test(s): _____

Relevant past or present health conditions: _____ Medication(s): _____

Has dog ever displayed any: threatening behavior, barking, growling, bite attempts, bites? _____

Toward people? _____

Toward dogs? _____

Does dog go to daycare or off leash parks? _____

Has dog been to a training class before? _____ With whom/where/when? _____

What are your expectations for this training session? _____

Liability Release – Please Initial:

I understand that once the dog training classes for which I registered have begun, there is no refund of any kind should I be unable to complete the classes. Enrollment is done on a “first come, first served” basis. Class fees are due in full with a completed registration form prior to the first class of the session. DogWould has the right to refuse me and/or my dog at any time for any reason including but not limited to behavior, health, or other considerations. _____

I certify that my dog(s) who will be attending training session is(are) current on vaccinations or titre testing and I have received the consent of my veterinarian for my dog to attend classes if there are any health conditions (i.e. lameness or medications) which might interfere with my dog’s ability to participate. _____

I understand that attendance of dog obedience training classes are not without risk to myself, members of my family, guests who may attend, or my dog, because some of the dogs to which I (we) will be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care. _____

I understand that the degree to which a dog is successfully trained is a function of the interest, commitment, and cooperation of the owner. I acknowledge and agree that there is no guarantee that my dog will achieve the desired level of training despite the best efforts of the instructor. _____

I hereby waive and release DogWould, its employees, owner and agents from any and all liability of any nature, for injury or damage which I or my dog may suffer, including specifically, but not without limitation, any injury or damage resulting from the action of any dog, and I expressly assume the risk of any such damage or injury while attending any training sessions or other functions of the class, or while on the training grounds or the surrounding area thereto. _____

I understand that attendance of dog obedience training classes are not without risk to myself, members of my family, guests who may attend, or my dog, including specifically, but not without limitation, COVID-19 to which I (we) may be exposed even when the greatest amount of care is taken. I hereby waive and release DogWould, its employees, owner and agents from any and all liability of any nature, for injury or damage which I or my dog may suffer, including specifically, but not without limitation, any injury or damage resulting from exposure to COVID-19, and I expressly assume the risk of any such damage or injury while attending any training sessions or other functions of the class, or while on the training grounds or the surrounding area thereto. _____

I will not come to class if I am or anyone in my home is ill, if I’ve had symptoms of Covid-19 in the last 10 days, if I’ve been directed by Public Health to self-isolate, and/or if I have had contact with a confirmed case of Covid-19. Symptoms include fever, chills, new or worsening cough, shortness of breath, sore throat, new muscle aches or headache. _____

SIGNED: _____ DATE: _____

Please make cheques payable to: **Yvonne Dyck**

A \$20.00 charge will be applied to all NSF cheques.

For official use only:

AMOUNT PAID: _____ CASH: _____ CHEQUE: _____ DATE: _____