

Obedience Class Registration Form

Owner's Last Name:

First Name:

Names any other handlers for classes:

Class you are Registering for (circle one):

Puppy Good manners / Adult Good Manners

Street Address:

City:

State:

Zip:

Email:

Daytime Phone:

Evening Phone:

Name of Emergency Contact:

Evening Phone:

Dog's Name:

Breed (and any known mixes):

Age:

Male / Female

Intact / Spayed / Neutered

Please answer the following questions:

Has your dog ever shown any aggression toward a human? (Yes / No) If yes, please describe:

Has your dog ever shown any aggression toward another dog? (Yes / No) If yes, please describe:

What do you hope to achieve with this class?

Have you ever attended obedience classes before? (Yes / No)

If yes, where? _____

If yes, did you complete the classes? (Yes / No) If no, why not?

Please complete the other side...

How did you hear about our classes?

Where did you get your dog?

(Yes / No) Could your dog be pregnant?

(Yes / No) Could your dog come into heat during or before completion of these classes?

(Yes / No) Does your dog have any medical conditions, injuries, etc. that could potentially be affected by these classes?

(Yes / No) Has your dog has never been deemed vicious by a city or town?

(Yes / No) Has your dog ever seriously injured or killed a human or domestic animal?

(Yes / No) Is the information on this form accurate and honest to the best of your knowledge?

Liability Release

I hereby acknowledge that I will be attending obedience classes with Heidi D'Ascoli at the Rhode Island Society for the Prevention of Cruelty to Animals (hereafter referred to as the RISPICA) and in so doing I agree to comply with all of the policies, rules, and regulations which may be established from time to time by Heidi D'Ascoli or by the RISPICA. I understand that failure to do so may result in my immediate dismissal from class. I agree to pay for the classes in full at the beginning of the first class and I understand payment is not refundable after completion of the first class.

I understand there will be other handlers and other dogs attending these classes, that there is a risk of injury to my dog(s) as well any humans handling my dog(s) including myself. I take full and complete responsibility for any injuries that may be sustained by or inflicted by my dog or anyone handling my dog. On behalf of myself, my heirs, personal representatives, and executors, I hereby release, discharge, indemnify, and hold harmless Heidi D'Ascoli, the RISPICA, its agents, servants, and employees from any and all claims, causes of action, or demands of any nature or cause, including costs and attorney's fees incurred by Heidi D'Ascoli, or the RISPICA in connection with the same, based on damages or injuries which may be incurred, or sustained by me in any way connected with obedience classes with Heidi D'Ascoli at the RISPICA, including but not limited to, animal bites, scratches, accidents, falls, and injuries to humans or to dog(s).

Print Name

Signature

Date

Please return the following to the trainer listed below:

- This completed form
- Full payment is required, refund will be given with 72 hours cancellation notice
- Please make checks payable to the RISPICA
- Copies of your dog(s)' current rabies vaccine, current distemper/parvo combo vaccine - age appropriate vaccinations (for puppies) kennel cough vaccine at owners discretion.

Heidi D'Ascoli
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