

Going To The Dogs
PO Box 208
Hannibal, NY 13074
439-2594

REGISTRATION FORM
Puppy Kindergarten / Basic Obedience

Class: _____ Start Date: _____

Name: _____ Referred By: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax: _____

Email Address: _____

Dog's Name: _____ Breed: _____

Birth Date: _____ Female__ Male__ Spay/Neutered? _____

Any health concerns or special needs? _____

RELEASE OF LIABILITY

I, (Owner's Name) _____, as the legal owner of, (Dog's Name) _____ do hereby waive and release Andrea Jones (trainer) and Paws & Effect Inc. from any and all liabilities of any nature. I agree to take complete responsibility for the actions of my dog, myself, and any other person who accompanies me to class, before, after, and during class. At no time will the instructor or Paws & Effect Inc. be liable or responsible for the actions of myself, my dog, or any other person who accompanies me to class.

Owner's Signature: _____ Date: _____