

PUPPY SOCIALIZATION REGISTRATION AND RELEASE FORM

Owner's Name _____ Address _____ City _____ Zip _____

Home Phone _____ Alt. Phone _____

Dog's Name _____ Breed _____ Age _____ Sex _____

Where did you obtain your puppy _____ When _____

How did you hear about our business _____

I, _____, being of legal age and the owner of _____, hereby understand and agree the educational purposes of Beyond the Dog's Professional Dog Training, and in consideration of being allowed to participate in the training class provided by Beyond the Dog's Professional Dog Training, hereby agree on the behalf of myself, my spouse, heirs, legal representatives, assigns, guests, invitees and my insurer that: I am fully aware and acknowledge that such training may cause stress in dogs and that training will be done in the presence of other individuals and animals; I am fully aware of the risks and dangers involved and hereby accept full responsibility for any and all risks by myself, my dog, or to any other person and/or animal which results from my dog and my attendance and participation in the Beyond the Dog Professional Dog Training. I hereby release Beyond the Dog, their directors, agents, officers, employees, representatives, Heartland SPCA, and other enrollees as well as any instructor or trainer from any and all claims, expenses, lawsuits, damages and liability, whether from personal injury, death, property damage or injury to my dog which is caused by the undersigned and which in any way arises out of or relates to any activity, function or act of anyone associated with Beyond the Dog.

I hereby acknowledge and agree that I have read and understand the above-indicated release and hold harmless agreement and am executing this document after such full reading and understanding.

Signature _____

Date _____

PLEASE COMPLETE VACCINE INFORMATION

Payment enclosed: Check # _____ Date _____ Cash _____ Amount _____