**GAIL PARKS**

**315-651-5928**

**CERTIFIED DOG TRAINER**

**TRAINING AT PHOEBE’S K9 RESORT**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referred By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

E-Mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dog’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dog’s Age:\_\_\_\_\_ Birth Date:\_\_\_\_\_\_\_\_\_ Sex: Male\_\_ Female\_\_ Spay/Neuter YES\_\_ NO\_\_

Vet’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vet’s phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_ Shot Records: YES\_\_ NO\_\_

Please select the class you are registering for:

[ ] Private Lessons [ ] Game Nights [ ] Dog Agility

[ ] Basic Manners [ ] Advanced Training

[ ] Trick Training [ ] Canine Good Citizenship

All classes meet for approximately 1 hour.

**A non-refundable $50.00 deposit with a registration form is required to hold your place in class!**

**Release of Liability**

I, (Owners Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as the legal owner of (Dog’s Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby waive and release Gail Parks, training at Phoebe’s K9 Resort, 92 Garden St. Seneca Falls, NY from any and all liabilities of any nature. I agree to take complete responsibility for the actions of my dog, and myself, before, during, and after class. At no time will the instructor of this class be liable or responsible for the actions of me, my dog, or any other person who accompanies me to class.

Owners signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_