



Starting date of Good Dog Basic class you wish to attend: _____

Name: _____ Age: 14-26 27-39

Address: _____ 4052 5364 65+

City: _____ State: _____ Zip Code: _____

Telephone: Cel: _____ Day: _____ Evening: _____

Email: _____ How did you learn about us: _____

Dog's Name: _____ Breed/mix: _____

Age: _____ Age obtained: _____ Sex: Male /Female

Neutered? No/Yes, At what age? _____ Veterinarian: _____

Obtained from: Breeder , Rescued/Shelter , Other _____

Rate your dog: 1 - agree; 2 - disagree; 3 - unsure

Listens well: 1 2 3	Use to a leash: 1 2 3
Likes meeting people: 1 2 3	*Dog or people aggressive: 1 2 3
Hard to control: 1 2 3	Needs socialization: 1 2 3
Fearful new places: 1 2 3	Friendly: 1 2 3
Fearful new people: 1 2 3	Shy: 1 2 3
Pulls on leash: 1 2 3	Likes meeting dogs: 1 2 3
Dislikes being controlled: 1 2 3	Difficult for me to manage: 1 2 3

* If you have concerns regarding aggression call us before registering for a class

Any behaviors that you wish to improve?

Comments or concerns about your dog's behavior:

For office use: Dep _____ Bal _____ Vac _____

On the first night please bring

- Your dog!
- Your dog’s vaccinations records to confirm that your dog is up to date. **We do not need to keep copies.**
- The balance of the class fee.

Dog’s trainer

Dog handlers must be at least 14 years old and should be the primary person working with the dog during the week. Family members are welcome to come watch and learn. *Young children must be supervised.*

Policies

- Deposits can only be refunded or transferred to another starting date if you notify us at least two days before the course begins.
- If you find that you are unable to complete the Good Dog Basic course before the third night of class please let us know. You and your dog may begin another Good Dog Basic course within the next three months for a restart fee of only \$50.00.
- The course fee is not refundable after the first night.

Waiver, Assumption Of Risk And Agreement To Hold Harmless

I understand that attendance of a dog obedience training class is not without risk to myself, members of my family or 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 hereby waive and release Seven Valley Pet Services, its employees, owners 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 session or other function of the training classes, or while on the training grounds or the surrounding area thereto.

In consideration of and as inducement to the acceptance of my application for training membership in this obedience training class, I hereby agree to indemnify and hold harmless Seven Valley Pet Services, its employees, owners and agents from any and all claims, or claims by any members of my family or any other persons accompanying me to any training sessions or functions of the training classes or while on the grounds or the surrounding area thereto as a result of any action by any dog, including my own.

Signature of owner
or Authorized Agent _____

Date _____

Please mail your completed application and \$25.00 deposit to:

Seven Valley Pet Services, 4830 South Road, Cazenovia, New York 13035

We look forward to meeting you and your dog in class!