

DOGS ON CAMPUS - Class Registration Form

Name of Handler _____ Phone _____

Address _____ Postal Code _____

Email _____

Dog's Name _____ Date of Birth _____

Breed _____ Sex _____ Spayed/Neutered _____

Class Information

Name of Class _____

Day/Time _____

List any previous training your dog has had:

Describe any medical problems your dog has or has had?

Does this dog have any behavioral or other problems that you would like addressed? (e.g. jumping on people, running away, destructive chewing, aggression to dogs, barking, shyness, pulling on leash).

Has your dog ever bitten anyone YES NO

Is your dog friendly and social when meeting new dogs and people YES NO

What do you hope to achieve from this particular class?

How did you hear about our classes?

Friend

Vet

Pet Store

Web site/Internet Search

Other (please specify):

WAIVER

The undersigned hereby release(s) any and all claims and causes of action which they now have or may in the future have against Dogs On Campus, its members, trainers, sponsors, assistants, volunteers, and any or all persons, corporations or organizations which own lease or permit Dogs on Campus to use any land or premises for any purpose.

I understand that participation in a dog training class is not without risk to myself, members of my family, or my guests who may attend, or to my dog(s); and that some of the dogs, which I (we) will be exposed to may be difficult to control or may be the cause of injury even when handled with the greatest of care.

I hereby release Dogs On Campus, its employees, members, trainers, sponsors, assistants and volunteers from any and all liability of any nature, for injury or damage which I, my dog, family members or guests may suffer, including specifically, but 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 or other function of Dogs On Campus, or while at the training facility or the surrounding area. I further release from the same liability the owners, employees and agents of the facility at which the classes are held.

I hereby acknowledge that I assume all risk and liability

I have read and understand the above release.

Name of Handler(Print)

Name of Guardian(if a minor)

Signature of Handler or
Guardian(if a minor)

Please mail your completed application, cheque (payable to 'Dogs On Campus'), and all forms

Your dog should have up-to-date shots for DHLPP, Parvo and Rabies.

We also recommend vaccination against Kennel Cough (Bordetella) as a precaution. Please attach a photocopy (non-returnable) of your dog's vaccination record from your Vet. with the dates of vaccinations.

**DOGS ON CAMPUS
190 Waterloo St. UNIT #1
Oshawa Ontario
L1H 8A7**

905-449-6017

