

The Gentle Method Puppy Registration Form

Owner's First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____ E-mail _____

Home Phone _____ Work Phone _____

Primary Trainer's name _____

How did you hear about our classes? _____

Pet's Name _____ Breed _____

Sex/spayed/neutered _____ Age _____

Veterinarian _____ Phone _____

Vaccination dates _____ (Please provide a copy of current vaccination records at first class if non-client.)

Has your dog had any previous puppy or obedience classes? If so, please describe _____

Please describe any specific problems or concerns with your dog:

Is your dog aggressive towards other dogs? If so, please describe

Has your dog ever growled or snapped at anyone? If so, please describe

What would you like your dog to get out of attending these classes?

AGREEMENT TO HOLD HARMLESS WAIVER AND ASSUMPTION OF RISK

I understand that attendance at dog obedience training class is not without risk to me, members of my family or guests who may attend. Due to the excitement of being at the class, the unfamiliar surroundings, and other dogs, my dog may be difficult to control even when handled with the best of care.

I hereby waive and release Neika Smessaert, Lori Stanage and Magrane Pet Medical Center herein and after referred to as the "Training Organization", its employees, officers, members and agents from any and all liability of any nature, for injury or damage which I or my dog 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 such damage or injury while attending any training session, or any other function of the Training Organization, or while on the training grounds or the surrounding area thereto as a result of any action by any dog including my own.

Signature of Owner or Authorized Agent
(in case of minor, legal guardian must sign)

Date

Magrane Pet Medical Center 3945 Edison Lakes Parkway, Mishawaka, IN 574-259-5291