

Chino Valley Canine Training Club

Training Class Registration



CLASS: _____

Owner's Name _____

City/State/Zip _____

Phone Number: Home _____ Cell _____

Email _____ Handler's Name _____

Handler's Age if under 18 _____ Over 18 (circle)

Dog's Name _____ Breed _____

Dog's Age _____ Shot Record: DHLPP _____ (date) Rabies _____ (date)

(*A copy of the dog's rabies certificate is required*)

Veterinarian _____

Is Dog Spayed _____ Neutered _____

What do you hope to gain from this class? Are there any specific problems/concerns?

Where did you hear about this class?

Release: I agree to hold this club, its trainers, its members, directors, officers, agents and the Town of Chino Valley harmless from any claim for loss or injury which may have been caused directly or indirectly to any person or thing by the act of this dog and I personally assume all responsibility and liability for any such claim. I further agree to hold the aforementioned parties harmless from any claim for damage or injury to the dog or person, whether such loss or injury be caused by the negligence of the club or any other person. Any dog who is deemed to be overly aggressive or who's handler is considered to not have adequate control may be excused from class, with no refund of any fees paid.

I also accept all responsibility for my minor child(ren) while he or she is attending classes held by the Chino Valley Canine Training Club.

Signed _____ Date _____