



REGISTRATION - CSTA

Owner's Name(s): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Dog's Name: _____ Breed: _____ Dog's DOB: _____

Male __ Female: __ Neutered: __ Spayed: __ Intact: __ Veterinarian: _____

Class Start Date: _____ Instructor's Name(s) _____

BEHAVIOR

Please describe your dog's behavior:

What concerns do you have with your dog:

What would you like to accomplish with your dog:

PHYSICAL LIMITATION

Do you have any physical limitations, if so, please describe:

VACCINES

You will need to bring proof of the following vaccines given by your veterinarian showing your dog is up to date on his/her vaccines. Please see attached form to present to your veterinarian for signature showing your pet is up to date on his/her vaccines

Rabies: Date Expired: _____

Distemper: Date Expired: _____

Bordetella: Date Expired: _____

COPY OF VACCINES ARE ATTACHED AND REVIEWED BY: _____

CLASS AND WAIVER

STAR Puppy Class: ___ Basic Canine Good Citizens: ___ Basic II Community Canine: ___
Pet Therapy Preparation ___ Rally Essentials ___ Rally Novice ___ Rally Adv/Exc ___
Beginner Novice ___ Novice ___ Adv/Exc Obedience Class _____
Specialty Classes: Agility ___ Freestyle ___ Flyball ___ Noseworks ___ Other: _____

I (We), the undersigned, hereby assume all risks of and responsibility for accidents and/or damage either to others, myself, or property resulting from actions of my dog. I expressly agree that no other person(s), either instructor(s) and/or assistant(s) and/or member(s) of CANINE STAR TRAINING ACADEMY (CSTA) or the LANDLORD OF 3815 N. US 1, UNITS 119, 120, 126 AND 127, COCOA, FLORIDA SHALL BE HELD PERSONALLY OR COLLECTIVELY RESPONSIBLE UNDER ANY CIRCUMSTANCES FOR INJURY TO MYSELF OR MEMBERS OF MY FAMILY OR VISITORS, DOG, OR MY PROPERTY DUE TO OTHER DOG(S) OR NEGLIGENCE OF EITHER STUDENT(S) AND/OR INSTRUCTOR(S) AND/OR ASSISTANT(S) AND/OR MEMBER(S). The undersigned agrees to abide by the Policy and Procedures stipulated by Canine Star Training Academy. I fully understand that except for dismissal due to aggressive or disruptive behavior by my dog(s); I am not entitled to any refund (full or part) of the class fee.

Signature: _____ Date: _____

Signature: _____ Date: _____

Witness: _____ Date: _____

PAYMENT

Amount Paid: _____ by: Check # _____ or Cash _____

Credit Card: Mastercard ___ Visa ___ Discover ___ American Express ___

Received by: _____

Notes: _____

