



Office Use Only:

Payment type: \_\_\_\_\_

Amount: \_\_\_\_\_

Date: \_\_\_\_\_

Vaccinations:

Rabies  Distemper/Parvo

Bordetella

Instructor: \_\_\_\_\_

## Behavior Consultation/Class Evaluation

Owners Name (print)

\_\_\_\_\_

Mailing address

\_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Dog name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Age Dog acquired \_\_\_\_\_ From \_\_\_\_\_

### Waiver and Release of Liability Assumption of Risk and Indemnity Agreement

I acknowledge that dog training and certain activities with dogs are potentially dangerous and involve the risk of serious injury and/or property damage. I further acknowledge and assume full responsibility for any such risks whether foreseen or unforeseen. I hereby release, waive, discharge and agree not to sue finish Forward Dogs, Inc., its facility, or any of its officers, instructors, agents or employees (the Releasees) from all liability to myself, My personal representatives, heirs, administrators, dogs and assigns for any and all loss or damage, and any claim or demands therefore on account of injury to my person, my dog or my property, now and forever, arising out of our related to participation and/or instruction in said course, activities, or any other related operations that may occur, whether caused by the negligence of the releasees or otherwise. I also agree to abide by all class policies of Finish Forward Dogs, Inc. My dog(s) is current and will remain up to date with immunizations for rabies, distemper, parvo virus and kennel cough.

Does your dog have any known aggressive tendencies and/or history of aggressive behavior towards dogs or humans?  Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_

**TRAINER USE ONLY**

<p>Medical History:</p>          <p>Lifestyle:</p>	<p><b>Training History:</b></p>          <p><b>Training Goals:</b></p>
<p>Behavioral Concerns:</p>	<p><b>Reaction to Trigger/Other Notes</b></p>