



OFFICE USE
Payment type _____
Amount _____
Date _____
Vaccinations:
<input type="checkbox"/> Rabies <input type="checkbox"/> Distemper
<input checked="" type="checkbox"/> Bordatella
Instructor Initials: _____

Group Class Application

Owner's Name(s) _____

Mailing address _____

E-mail _____ Phone _____

Family members/Pets _____

Dog name _____ Breed _____ Age _____ Sex _____

Age Dog Acquired _____ From _____

Medical Issues/Medications _____ Vet _____

Behavioral Concern(s) _____

Training Expectations/Goals _____

Prior Training _____

Class Requested _____ Start Date _____

Do you have any concerns with your dog attending a group class? YES _____ NO _____

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 _____