



SUMMERWIND CANINES DOG TRAINING

at Sacramento Animal Hospital

OBEDIENCE REGISTRATION FORM

Class Type	Length	Fee	Class Type	Length	Fee
Puppy Star Class	7 Lessons	\$225	Basic Manners Class	6 Lessons	\$225
Beyond Basic	6 Lessons	\$225	Intermediate	6 Lessons	\$225
Private Training Consult	Approx 1 Hour	\$200	Agility	5 Lessons	\$225

Your training instructor will be Jean Gauchat-Hargis who has helped many dogs become part of the family. Training is based on using positive reinforcement. All classes will help you understand animal behavior and how to change your dog's bad habits.

Your class starts on: _____ Time: _____
 Location: Sacramento Animal Hospital Class Type: _____

Client Information:

Name (18 or older): {FULLNAME}
 Home Address: {ADDRESS1} {ADDRESS2} City, State, Zip: {CITY}, {STATE} {POSTALCODE}
 Phone Number: {PHONENUMBER} Alternate Phone Number: _____
 E-Mail: {EMAILADDRESS}

Pet Information:

Dog's Name: {NAME} Breed: {BREED} Age: {AGE} Gender: {SEX}

Vaccine:	Date Given:	Clinic Where Given:
Bordatella	_____	_____
DHPP	_____	_____
Rabies	_____	_____

How long has your dog been a member of your family? _____

	Yes	No	Comments:
Has your dog received previous formal training?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is your dog allergic to any foods/treats?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Has your dog ever bitten anyone?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is your dog food/toy possessive?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is your dog friendly with adults/kids?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is your dog friendly with other dogs?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Enrollment Information:

I, (print name) _____, wish to enroll my dog in the group class dog training program under the direction of SUMMERWIND CANINES DOG TRAINING and SACRAMENTO ANIMAL HOSPITAL. I understand that the program will cover basic on-leash commands: heel, auto-sit, sit, sit-stay, down, down-stay, stand, stand-stay, come, heeling turn abouts, finish, as well as to help me solve or curtail my dog's behavior problems. I understand and agree that my success or failure in this program is based primarily on my willingness and ability to work my dog 20 to 30 minutes every day. As legal owner of my dog, having carefully read and understood this agreement, I do hereby waive and release SUMMERWIND CANINES OBEDIENCE DOG TRAINING and SACRAMENTO ANIMAL HOSPITAL from any and all liability of any nature. This includes any injury, death, sickness or damage my pet may suffer during or after any training program. I also agree to indemnify and hold harmless SUMMERWIND CANINES DOG TRAINING and SACRAMENTO ANIMAL HOSPITAL from any and all claims due to any damage my pet may cause to any family members, or any third party, during or after training. I agree that the organization giving these classes has the right to refuse this enrollment or to expel a student for any cause which the instructor shall deem to be sufficient.

Refund Policy (Please Read Carefully):

I understand that all fees are payable in advance to reserve my spot in the class. I understand and agree that there are absolutely no refunds after the first class date. Cancellations: I understand that if I cancel my enrollment in the group training program before the first class date, the class fee will be refunded. No shows: Any client that reserves a place in this training program and who fails to attend the classes without notifying SUMMERWIND CANINES DOG TRAINING or SACRAMENTO ANIMAL HOSPITAL 24 hours in advance of the first class will be charged the full course fee. If you can't attend, please call SACRAMENTO ANIMAL HOSPITAL before class starts.

I have read, understood, and agree to all terms and conditions set forth above. Enroll me!

Signature: _____ Date: _____