



Registration Form

Tuition: Intermediate Obedience Class \$120: 6 Sessions (once per week)

Payment is due at time of registration and is non-refundable. Make Checks payable to Canine Relations, Inc. Sessions may be cancelled due to weather and will be rescheduled. Make up sessions are not provide if customer is absent from a session

Owner's Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone (home): (____) _____ **(work):** (____) _____ **(Email):** _____

Dog's Name: _____

Breed: _____ **Age:** _____ **Sex:** _____ **Fertile:** _____

Veterinarian*: _____

**Proof from your veterinarian showing current immunizations, including kennel cough and a negative fecal exam, must be presented for dog to be admitted to class!*

Name of person who will be training the dog:** _____

***Must be at least 12 years old.*

Read the following statements carefully: It is hereby understood that every dog will be under the direct care and control of the person named above who will be training the dog. The undersigned agrees to be fully responsible for any and all actions of the dog, including dogs owned by another but in the undersigned's care. The undersigned also agrees to hereby waive, release, and hold harmless all employees, officers, members and agents of Canine Relations, Inc., Alpharetta Animal Hospital, P.C., and any property owners from any and all liability of any nature, for injury or damage which the undersigned or the undersigned's dog may suffer, including specifically, but without limitation, any injury or damage resulting from the action of any dog, and the undersigned expressly assumes the risk of such injury or damage while attending any training session, or claims by any members of the undersigned's family or other person accompanying the undersigned to any of the training sessions.

Signature: _____ **Date:** _____

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