***ANIMAL WATCHERS & MORE***

***AMAZING CANINES’ TRAINING CENTER***

440 W Hwy 82

(One-half mile west of Hwy 90, on left after mile marker 51)

Huachuca City, AZ 85616

**520-456-9020**

**Doggie Day Care, Boarding, Training, Behavior Modification**

CLASS REGISTRATION

***No refunds or credits are given for missed classes.***

I have ***enclosed my check in the amount of $\_\_\_\_\_\_\_***, **made payable to Animal Watchers** (you may also register by phone with a Visa or MasterCard charge card). Please enroll me in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name of class), which begins on (date) \_\_\_\_\_\_\_\_\_\_\_\_, at (time) \_\_\_\_\_\_\_.

Owner/Handler Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers: Home: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dog’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_

Sex: Male \_\_\_ Neutered? \_\_\_\_ Female: \_\_\_\_\_ Spayed? \_\_\_\_\_\_\_\_

How were you referred to us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WAIVER AND RELEASE (must be signed)

I understand that participating in dog training classes includes an element of risk for both myself and my dog. I agree to abide by any decision of an instructor relative to my or my dog’s ability to complete the course safely. I further assume any and all risks associated with participating in this course, including, but not limited to, illness, falls, contact with other participants and dogs, surface conditions, etc. I also affirm that my dog has current vaccinations appropriate with his/her age. I understand that the bordetella vaccine is optional, but is advised. I agree to abide by all rules of the course.

Having read this waiver and in consideration of the acceptance of my registration, I hereby for myself or anyone else who might make a claim on my behalf, covenant not to sue. I further waive, release and discharge Animal Watchers, including any of its volunteers or employees from liability of any kind arising out of my participating in this course.

I also understand that Animal Watchers may, for publicity or promotional purposes, use photographs/videos of myself, my family, and/or my pet without liability or obligation to me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Enrollee’s Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If Minor, parent’s or guardian’s name and signature