

**Private Session Training for Obedience
Agreement & Registration Form for
Canine Team Training - Instructor Carol Ely**

Instructor's Use Only
Vaccinations checked -
Rabies, Parvo, Distemper
Paid

Start Date _____ Day of Wk _____ Time _____
Location _____

Please bring medical records showing current vaccinations to the first class.

Handler's (Client) Name _____
If under age 18 signature of parent or guardian: _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email _____
Home Address _____
City _____ State _____ Zip _____

Dog's Name _____ Dogs Call name if different: _____
Breed _____ Variety: _____ Color _____
Dog's DOB _____ Age _____ Sex _____ Weight _____ Spay/Neutered? _____ Vet's
Name _____
Vet's Location _____
Vet's Phone _____

How did you hear about Canine Team Training?

How long have you had your dog? _____ At what age did you get him/her? _____
Has your dog had formal (class) obedience training in the past? _____ If so, where? _____

Is there anything special you would like to see covered in class? _____

Are there any issues that are dog related that you are concerned about?

Are you looking to train your dog just for fun or possibly future showing? _____

Client/Handler represents and warrants that the following are true and accurate statements and Client/Handler will forever indemnify Carol Ely/ Canine Team Training its agents, family, employees, and owners harmless for any and all inaccuracies Client makes about the Dog (check all that apply):

- Dog has been vaccinated against rabies, DHLPPC, and the vaccinations are current.
- Dog is in good health.
- Dog has never bitten a person.
- Dog has never been declared a dangerous or potentially dangerous dog, or vicious or potentially vicious dog.

Signature: _____ Date: _____

Please print name: _____