

Puppy Kindergarten Class Registration

Please fill out the section below, sign the bottom of the form, and mail to the address above along with your registration fee. Classes are filled on a first-come, first-served basis as registrations are *received*. **The registration form and payment must be received to hold a place in class.** If you do not have complete health information available right now, you can bring the health certification form to the first class. You will be contacted via email with course info prior to the start of class - so please print legibly.

Your name: _____ Home phone: (____) _____

Address: _____ Cell phone: (____) _____

City/State/Zip: _____ Email: _____

Dog's name: _____ Breed: _____ Date of Birth: _____

Sex: Male Female Neutered: Yes No

Class : _____ Day/Time: _____ Start Date: _____ Fee: _____

Cancellation Policy: Cancellations made at least 48 hours prior to the start date will receive a full refund. Cancellations made less than 48 hours before the start date will receive a 50% refund. NO REFUNDS will be given once the session begins. There is a \$35 fee for all returned checks!

Class Location: 4019 Damascus Road, Gaithersburg, MD 20882.

New students:

1. Have your veterinarian fill out the Health Certification form (or submit appropriate receipts) and either return with this registration form or bring to your first class.

Liability and Indemnification

You **must** sign this section in order to train your dog with WiggleButts Dog Training, LLC. Your registration cannot be processed without your signature.

- (a) Trainer will take all reasonable precautions to provide a safe and healthy training environment. However, Client acknowledges that training, consulting and instruction (including behavior modification) of dogs is an inherently dangerous activity and therefore agrees that he/she is aware of, and does hereby assume, all risks associated with the services provided under this Agreement, including, but not limited to, dog bites or attacks to any person or property during the training sessions or at anytime thereafter.
- (b) Client acknowledges and agrees that neither Trainer, nor any of its employees, members, agents, tenants or landlords shall be held liable for any damages (incidental, consequential or otherwise), injuries, claims, negligence, harm, financial or property losses, attorneys' fees, costs or causes of action associated with or arising out of or in connection with the instruction, consultation, and training services provided under this Agreement.
- (c) Client agrees to release and hold harmless Waredaca, LLC, Hero Dogs, Inc, its employees, members and agents, from any and all Damages associated with being owner/landlord of the premises utilized by Trainer.
- (d) Client agrees to be responsible for all expenses and damages, including attorneys' fees, costs and other financial loss, resulting from injury to the Trainer, its members, employees or assigns, or other persons or property, including other animals, caused by Client's dog during the period in which services are provided. Client agrees to indemnify and hold harmless the Trainer and its members, employees or assigns, in the event of a claim by any person injured by Client's dog.
- (e) Client expressly agrees that the Trainer will not be liable for the injury, disappearance, death or fines of any dog occurring during or as a result of the dog training services provided.

Signature: _____

Date: _____

Puppy Kindergarten Health Certification

Dogs without proper health certification will not be admitted to class - no exceptions. Please have your vet complete and sign the section below OR you may submit printed receipts from your vet containing the necessary information. If your dog has attended classes at WiggleButts Dog Training, LLC within the past 6 months you may skip this section.

Date of last exam: _____

Date of DA₂PP vaccination: #1 _____ #2 _____

Date of most recent stool check: _____

Date of Bordetella vaccination: _____

I have examined the above named dog and found it to be in good health and free of external parasites.

Printed name of Vet: _____

Phone: (____) _____

Vet signature or stamp: _____

Date: _____