



Application Agility Beginner 1

FOR OFFICE USE ONLY

Payment _____

Date _____

Auth # _____

Class Date _____ Time _____

Name(s) of owner(s) training dog:

First owner _____ Dog's Call Name _____

Second Trainer/owner _____ Breed _____

Age _____ Date of birth _____ Gender M F Spayed/Neutered? Yes No

Age obtained _____ From where? Breeder Pet Shop Rescue Other _____

Address _____

Street

City

State

ZIP

Phones _____

Home

Work

Mobile

Is this your 1st dog? _____ Have you trained before? _____ When/Where? _____

Do you have any hearing or other physical handicaps? _____

If your dog has any physical problems, temperament issues or disabilities which may affect training, please tell us _____

If your dog has had any illness or skin disorder in the last 2 months, state the nature of the problem & whether treated by a veterinarian. _____

Veterinary Hospital/Clinic _____ Name of Veterinarian _____

Last Distemper/parvovirus inoculation _____ Rabies Expiration Date _____

What kind of dog food do you feed? Exact brand and type (dry, canned, etc.) _____

Please tell us what you want to accomplish in the following. If there are other behaviors you want for your dog, let us know. Please star * the behaviors that are most important to you.

Please let us know **all** your reasons for taking dog agility.

- For fun—something to do with my dog.
- To increase my dog's training and responsiveness.
- I'm curious about it—I want to try something new
- As an exercise/energy outlet for my dog
- I hope to compete
- I've done it before. I love agility.
- Other (Please be specific) _____

Continued. Please complete page 2. Thank you.

Email address: We do not share our email list with anyone – it is strictly for our own use. To receive our e-Newsletter and notices of special events, please provide your email address. Please write it twice, & print carefully:

How did you hear about our classes? Please check **all** that apply.

- | | | |
|--|-----------------------------------|--|
| <input type="checkbox"/> Current trainee | <input type="checkbox"/> Pet Shop | <input type="checkbox"/> Telephone Book |
| <input type="checkbox"/> Former trainee | <input type="checkbox"/> Groomer | <input type="checkbox"/> Newspaper (which one) _____ |
| <input type="checkbox"/> Veterinarian | <input type="checkbox"/> Breeder | <input type="checkbox"/> Web page |
| | <input type="checkbox"/> Radio Ad | <input type="checkbox"/> Other (specify _____) |

Please specify name(s) of those who referred you _____

Payment: Paid On-line Provided payment information by phone Paid by check Pay below

Paying with a credit card, please supply the following: Visa MasterCard Discover

Cardholder's name _____

Account # _____ Expiration date _____

As a condition to acceptance of this registration, the following agreement must be signed:

WAIVER, ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS

I understand that attendance of a dog training class is not without risk to myself, members of my family or guests who may attend, or my dog, because some of the dogs to which I (we) will be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care.

I hereby waive and release All Dogs Inc. dba All Dogs Gym & Inn, its employees, owners and agents from any and all liability of any nature for injury or damage which I or my dog may suffer, including specifically, but without limitation, any injury or damage resulting from the action of any dog, and I expressly assume the risk of any such damage or injury while attending any training sessions or other function of All Dogs Inc., or while on the training grounds or the surrounding area thereto.

In consideration of and as inducement to the acceptance of my application for training membership in this training class, I hereby agree to indemnify and hold harmless All Dogs Inc., its employees, owners and agents from any and all claims, or claims by any member of my family or any other person accompanying me to any training session or function of All Dogs Inc., or while on the grounds or the surrounding area thereto as a result of any action by any dog, including my own.

Signature of Owner
or Authorized Agent _____
(Signer must be over 18 years of age) Date _____

Make checks payable to All Dogs Inc. Send or bring completed application to: All Dogs Gym & Inn, 505 Sheffield Rd., Manchester, NH 03103