



FOR OFFICE USE ONLY	Notes:
Payment _____	_____.
Date _____	_____.
Auth # _____	_____.

**PUPPY PRE-SCHOOL APPLICATION**

Starting Date \_\_\_\_\_ Time \_\_\_\_\_

Primary Trainer \_\_\_\_\_ Puppy's Call Name \_\_\_\_\_

Second Trainer \_\_\_\_\_ Puppy's Breed \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ Gender  M  F Spayed/Neutered? \_\_\_\_\_

Age obtained \_\_\_\_\_ From where?  Breeder  Pet Shop  Rescue Other \_\_\_\_\_

Address \_\_\_\_\_

Street City State ZIP

Phones \_\_\_\_\_

Home Work Mobile

Goals for attending Pre-school \_\_\_\_\_

**Health:** If your puppy has had an illness or skin disorder, please tell us about it & whether treated by a veterinarian \_\_\_\_\_

If your puppy has already received a Rabies Inoculation, check here

**Diet:** What exact type and brand of food are you feeding? \_\_\_\_\_

If you have any questions or concerns, please let us know \_\_\_\_\_

**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 \_\_\_\_\_

**WAIVER, ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS**

I understand that attendance of a dog obedience 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 \_\_\_\_\_