

Caron Bronstein

Dog Obedience Trainer

16 Chelsea Circle

West Lebanon, NH 03784

603-398-2293

yarboroughlabs@gmail.com

Class/Workshop: _____

Start Date/Time: _____

Location: SAVES LMHS

(circle one please)

\$125/6 week Obedience session

\$80/3 hour Rally workshop

Please complete all pages and return with a copy of vaccination records **AND** payment.

Name of person training dog (please print) _____

Mailing Address _____

Phone (day) _____ (evening) _____

Cell Phone _____

Email address _____

Dog's name _____ Age _____ Date of Birth _____

Breed _____ Color _____ Gender _____

Spayed/Neutered? Yes ___ No ___ Age when spayed/neutered _____

How long have you had this dog? _____ Age when obtained _____

Obtained from: Breeder ___ Shelter ___ Pet Store ___ Rescue ___ Other _____

Have you owned a dog before _____ Breed _____

Have you trained a dog before _____ When/Where _____

Briefly state what concerns/situations you hope to have addressed in class _____

What do you hope to accomplish? _____

Name/Phone of Veterinarian _____

Date of Vaccination: Rabies _____ Distemper _____ Bordetella _____

(Vaccination Certificate or proof of vaccines must be given with this application)

How did you hear about Caron Bronstein: Current trainee _____ Former trainee _____ Breeder _____

Veterinarian _____ Groomer _____ Word of Mouth _____ Internet _____

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 Caron Bronstein, Small Animal Veterinary Emergency Services (SAVES), Lucy Mackenzie Humane Society (LMHS) it's 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 Caron Bronstein, Small Animal Veterinary Emergency Services (SAVES), Lucy Mackenzie Humane Society (LMHS) 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 Caron Bronstein, Small Animal Veterinary Emergency Services (SAVES), Lucy Mackenzie Humane Society (LMHS), 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 Caron Bronstein, Small Animal Veterinary Emergency Services (SAVES), Lucy Mackenzie Humane Society (LMHS), or while on the grounds or the surrounding area thereto as a result of any action by any dog, including my own.

I understand that the class fee is NON-REFUNDABLE unless the course is cancelled.

Signature of Owner or Authorized Agent _____

(must be over 18 years of age)

Date

Make checks payable to Caron Bronstein. Send check, copies of current Rabies, Distemper, Bordetella (Kennel Cough) vaccinations and completed class registration form to:

Caron Bronstein, 16 Chelsea Circle, West Lebanon, NH 03784

Questions? Please Call 603-398-2293 or Email yarboroughlabs@gmail.com

Office Use

Date Received _____ Form of Payment _____

Course _____ Confirmed by/ date _____