

**Dog Days Class Registration**

**NOTE: Make your check out to the class instructor.  
Sorry, we don't accept credit/debit cards. Cash or check only.**

Mail this form with a check for the full tuition to reserve your spot to:

**Dog Days Dog Training  
7206 NE 37th Ave., Unit A  
Vancouver, WA 98665**

Owner's Name \_\_\_\_\_

Class Title \_\_\_\_\_ Class Date \_\_\_\_\_ Class Time \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

E-Mail \_\_\_\_\_

How did you learn about these classes? \_\_\_\_\_

If you were referred by someone, please tell us who: \_\_\_\_\_

Dog's Name \_\_\_\_\_ Breed or mix \_\_\_\_\_

Male/Female \_\_\_\_\_ Spayed/neutered? \_\_\_\_\_ Birthdate \_\_\_\_\_

Veterinarian \_\_\_\_\_ Vet's Phone \_\_\_\_\_

Briefly state what you hope to accomplish \_\_\_\_\_

Tell us a little about your dog \_\_\_\_\_

How is your dog around new people? Extremely friendly, very shy, or in between? \_\_\_\_\_

How is your dog around new dogs? Extremely friendly, extremely shy, or in between? \_\_\_\_\_

What is your dog's favorite food? \_\_\_\_\_ Favorite game or toy? \_\_\_\_\_

I agree by the signing of this document that Joan Armstrong, Dog Days, and all instructors and associated persons are released from any liability for any accident or injuries sustained by me and my dog(s), or any guest I may bring to these lessons. I further agree that Joan Armstrong, Dog Days, and all associated persons are not responsible for theft or damage to dogs, people or their property.

I/We the undersigned recognize that dog related activities are sometimes dangerous, that dog have teeth and sometimes use them, that accidents involving dogs do occur. In light of this knowledge, I take full responsibility for all harm that comes to me and my dogs(s), and all of my associates. With full knowledge, I release Joan Armstrong, Dog Days, and all instructors and associated persons from any and all responsibility for accidents, injuries, damage or theft.

If I co-own this dog with another person or persons, I bind them to this contract with my/our signature. I am aware that Joan Armstrong and other Dog Days instructors give advice on how to train in these classes, but I assume the responsibility to do only as much as I and my dog(s) are capable of. I assume responsibility TO and FOR my/our dog(s).

If you do not understand this release, do not sign it. By signing this document, you acknowledge that you fully understand its contents. If you are under age 18, a parent or legal guardian must sign this form.

Participant \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

**CLASS FEES ARE NON-REFUNDABLE.**