



Winter Park Veterinary Hospital Training Program

Registration Form

Course Requested: _____ Start Date: _____

Dog Owner(s) Name: _____ Account # _____

Other family members who might attend: _____

(One family member must be designated to be the trainer)

Address: _____

City/State/Zip: _____

Contact Number: _____ E-mail: _____



Pet's Name: _____ Breed: _____

Age: _____ Pet's Birthday: _____

Sex: Male Female Spayed Neutered Intact

Date of Last Vaccinations: _____ Veterinarian: _____

Date of Last Deworming: _____ Flea Prevention Type: _____



How does your dog get along with other dogs: _____

Problems you would like to work on with your dog: _____

What are your hopes for your dog after finishing this class: _____

Anything else special we need to know: _____

Winter Park Veterinary Hospital Training Agreement and Release

I understand that there are inherent risks of injury to me, and my dog, family and friends (hereafter known as "Participants") who are present/involved in training and connected activities, including risks related to equipment, condition of premises, staff or trainer actions, disease, dog bites and other risks, known and unknown. At times there may be off property training which could increase risks. I acknowledge and accept that injury could occur to me and "Participants", related to Winter Park Veterinary Hospital, its staff, the trainers, other staff, other students, their family and dogs (hereafter known as "Released Parties"). I am participating voluntarily in dog training classes for enjoyment, with the knowledge of the potential risks. I assume, known and unknown, risks of injury, death, property damage, that may result from my participation in the training and connected activities.

I agree to release, indemnify, defend, and hold harmless all the "Released Parties" mentioned above, from all liability to me, the "Participants", and other representatives and family, for all liability, claims, damage, or demands for personal injury or death to me, and "Participants" arising from or relating to this Agreement, or participation in the dog training and connected activities, whether on or off premises. I take sole responsibility for any loss.

I have carefully read the Agreement. I understand the terms as well as that there is an assumption of risk, a release, waiver of liability and hold harmless agreement. I acknowledge and agree to pictures being taken of my pet and of myself and give permission for them to be used in connection with the training center's work including the websites. Any media utilized becomes the property of WPVH. I understand that the "Released Parties" are materially relying on this Agreement in allowing me to be a member of the class with its various activities, and to use the premises.

Signature: _____ Date: _____

Staff Initials: _____

I understand the following:

- Classes are 6 weeks long and each class runs approximately an hour.
- If it is necessary to miss one class notify your trainer so they can catch you up before the next class by having you come in 10-15 minutes early.
- The cost for the classes is \$175.
- A deposit will reserve your place until one week prior to the class beginning. At this time the remaining balance is paid.
- Refunds are available up to one week prior to the first class beginning.
- The following medical requirements are necessary:
 - Two completed sets of vaccines including; Parvovirus, Adenovirus, Distemper and Parainfluenza.
 - One completed Bordetella vaccine
 - One completed Rabies vaccine (age appropriate)
 - One completed Leptospirosis vaccine (age appropriate)
 - Dewormed within 6 months and be flea and tick free.
 - Influenza Vaccine (highly recommended)

**Class is to teach YOU what to teach your dog at home.
Practicing at HOME will bring you success.
Being ON TIME to class is critical.**

Staff use:

Class: _____	Date of class: _____
Health Status: _____	Current Vaccs: _____
Vaccs Needed: _____	Flea Prevention Type: _____
Deposit Paid: _____	Paid in Full: _____
	Staff Initials: _____