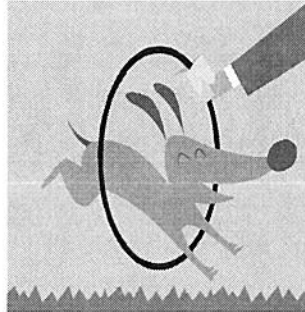


P-K Academy

Dog Training Waiver Form



- I understand that dog training may involve risks to myself, members of my family, or my dog. I assume all risks associated with participating in this training class and will not hold the Cedar Grove Veterinary Services, P-K Academy or its instructors responsible in the event of injury to myself, family members or my dog. I agree to comply with the instructions, rules and decisions of the training instructor as it relates to me or my dog's ability to safely complete this course. I also agree to assume all responsibility for any damage done to property, persons, or other dogs done by me or my dog's actions.
- I understand that there will be no refund of tuition. I also understand that there are no regularly scheduled make up sessions and that if I miss a class meeting the course instructor will update me by appointment only.
- I understand that all dogs participating in the training classes of P-K Academy **must** be free of any infectious disease and must be current on all appropriate vaccinations for age of puppy. I also understand that all dogs enrolled in the training course must be receiving monthly preventative treatments for the control of fleas.
- I understand that the Cedar Grove Veterinary Services and the P-K Academy does not guarantee the results of its canine training classes.
- I grant permission to the Cedar Grove Veterinary Services and the P-K Academy to use my pet's photograph(s) and/or video(s) taken during training sessions for educational and promotional purposes in any type of media.
- I hereby agree and covenant for myself, my heirs, executors, administrators and anyone else who may claim on my behalf to waive, release and discharge the Cedar Grove Veterinary Services and its employees from any and all claims arising out of or in connection with or in any way related this training class.

Signature:	Printed Name:	Date:
------------	---------------	-------

P-K Academy Dog Training Group Class Form

Name: _____ Date: _____

Mailing Address: _____

Daytime Phone: _____ Evening Phone: _____

E-mail: _____

Dog's Name: _____ Breed: _____ Sex: _____ Altered? **Y N**

DOB: _____ Acquired From: _____ When? _____

Veterinarian: _____ Phone: _____

Vaccines are required for your pet per your Veterinarian's guidelines. It is **your responsibility** to have the appropriate vaccinations administered to your dog to protect him/ her from any disease potentially transmitted in a boarding, training and socializing situation. Please list any received (current) including date:

Emergency Contact: _____ Phone: _____

Does your dog do well with other dogs? **Y N** Does your dog do well with other people? **Y N**

If no, please explain: _____

What issues are you having with your dog? _____

What training have you done with your dog so far? _____

Please list any food allergies that your dog may have: _____

Signed: _____ **Date** _____