



Class: \_\_\_\_\_

Class Starting Date: \_\_\_\_\_

Time: \_\_\_\_\_

**\*Pre-registration with Application and Fee is Required\***

**Owner / Handler:**

Name: \_\_\_\_\_ Name of Others Attending: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Dog:**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Color: \_\_\_\_\_ Male  Female  Spayed/Neutered

Vaccine Dates: Bordetella (Kennel Cough): \_\_\_\_\_ DH-HP: \_\_\_\_\_ Rabies: \_\_\_\_\_  
Please record month and year vaccine was given

**Veterinarian Information:**

Clinic: \_\_\_\_\_ Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Does your dog have any issues you hope to solve in this class? (Continue on reverse of page if needed.)

Has your dog ever acted as though he / she was going to bite a person or another dog? If yes, what were the circumstances? (Continue on reverse of page if needed.)

**WAIVER:**

I hereby waive and release Das Hund Haus, Inc., its employees, owners and agents from any and all liability of any nature, for injury or damage, which I or my dog may suffer while attending any training session, other function of this training facility or while on the training grounds or the surrounding area. Upon acceptance of my application, I hereby agree to indemnify and hold harmless Das Hund Haus, Inc., its employees, owners and agents from any and all claims of injury or damage by any member of my family or any other person accompanying me to any training session or function of this training facility, while on the training grounds or the surrounding area.

Signature / Date: \_\_\_\_\_