



Dog Training Club
73 Gardenia Drive
Salinas CA 93906

Salinas Valley

Registration Form

SalinasDog.com

Please **Print Clearly** and Fill in all Information

For Office Use:

Session _____
Location _____
Class _____
Instructor _____

Owner

Name _____
Address _____
City, State, Zip _____
Phone (____) ____ - _____ EMail _____

Is this the first time you have enrolled a dog in obedience classes? Yes No

Place you trained before _____ Trained here before

How did you hear about us?

- Website
- Newspaper
- Phonebook
- Feed/Pet Store
- Breeder
- Vet
- Friend
- Another Class

Dog

Call Name _____
Breed _____
Date of Birth: _____

Sex Male Neutered Male Female Spayed Female

Shy or Easily Frightened: Yes
Unfriendly toward dogs: Yes
Unfriendly toward people: Yes
Has bitten someone: Yes

Required: present proof of vaccinations along with this form when registering...
Rabies Date Due: _____
DHLPP Date Due: _____

I certify that this dog has been inoculated against distemper, parvo, and rabies.

I have read, understand, and agree to abide by the Training Class Policies. In addition, there is no smoking or alcoholic beverages allowed in the training facility. I agree to observe parking instructions, posted speed limits, and handicap parking placards while on the grounds of the training facility.

Refund Policy: There is a \$25 cancellation fee for refunds given prior to the first night of class. NO refunds after session begins.

NOTE: The Dog Training Club of Salinas Valley, Inc. (DTSV) through any Director, Officer or Certified Trainer reserves the right to refuse class attendance or dismiss from class any dog/handler team which is disruptive or dangerous to other students.

I acknowledge that my dog is being trained at my OWN risk. I further acknowledge that I assume the risk involved with being present at a dog training facility and I release DTSV, the trainer and staff from any claim for damage or injury. I / We personally assume all responsibility and liability for any injury or loss, either directly or indirectly caused by this dog, while attending these classes.

Signature (Owner/Handler): _____ Date: _____

For Office Use:

No Video taping or Cameras allowed except official photographer.

Cash \$ _____

Check \$ _____

Check # _____

Authorization: _____

\$25 service charge for returned checks