



Dog Training Enrollment Form

Dear Pet Parent,

Please complete this form and return it to a receptionist with your payment. Thank you!

Pet Parent's Name

Pet's Name

Address

Pet's Breed & Age

City, State, Zip Code

Is your pet spayed or neutered?

Yes No

Note: If your female dog is not spayed, your dog will not be allowed to attend class if she goes into a heat cycle.

Email Address (optional)

Is your pet current on vaccinations?

Yes No

Note: All dogs are required to have proof of current vaccines before attending class. Required vaccines are Rabies, Bordatella, Distemper/Parvo, and Leptosporosis. Please bring documentation that your dog is up-to-date on these vaccines. **Vaccination records MUST be shown a minimum of 24 hours prior to your first day of class.**

**Please describe any behavioral issues
You are having with your pet:**

Please Check One

Puppy Training

Basic Training

Start Day/Date:

Time:

REFUND POLICY: A refund will be issued up to the beginning of the second session with proof of payment.

Waiver and Release of Germantown Parkway Animal Hospital, which shall be called GPAH: GPAH has the right to refuse classes to anyone, with reasons being or not limited to: dog aggression, female dog in heat, dog owners not wearing appropriate close-toed shoes, etc.

Animal behavior can be unpredictable and participating in GPAH training, education or obedience classes is not a guarantee of your pet's future behavior. By signing this form you hereby release and hold GPAH harmless for any and all claims of any kind, including bodily injury to yourself, other persons, animals, or property, whether such injury occurs during or after the GPAH class.

Pet Parent Signature: X

Date: _____