

# The Canine Connection - Information/Registration

For Office Use Only:	
TU: _____	CHK#: _____
SCP: _____	BORD: _____
SCO: _____	RAB: _____
WV: _____	PARV: _____
WV: _____	OTH: _____

Return with class/seminar/lesson tuition to:

The Canine Connection, PO Box 7444, Chico, CA 95927

Please indicate the class for which you are registering, and the preferred starting date:

\_\_\_\_\_ **Puppy Kindergarten**                  \_\_\_\_\_ **Puppy Parenting Seminar**                  \_\_\_\_\_ **Small Dog Obedience**  
Date: \_\_\_\_\_                                  Date: \_\_\_\_\_                                  Date: \_\_\_\_\_

\_\_\_\_\_ **Levels Obedience:**  **8-week plan** /  **12-week plan**                  \_\_\_\_\_ **Behav. Consult/ Private Lessons**  
Start Date (1<sup>st</sup> and 2<sup>nd</sup> choices): \_\_\_\_\_ / \_\_\_\_\_                  Date: \_\_\_\_\_

Owners' Names: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
(street)

\_\_\_\_\_ FAX: \_\_\_\_\_

(city) (state) (zip)

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_ OK to call at work? \_\_\_ Y / N \_\_\_

Earliest we can call at home? \_\_\_\_\_ Latest we can call at home? \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth (if known): \_\_\_\_\_ Male/Female? \_\_\_\_\_ Neutered/Spayed? \_\_\_\_\_

Where did you get your dog? \_\_\_\_\_ How old was dog when adopted? \_\_\_\_\_

Other pets in household (age and type)? \_\_\_\_\_

Number of adults and children (ages) in household? \_\_\_\_\_

Pet's Veterinarian? \_\_\_\_\_ Date of last vaccinations? \_\_\_\_\_

Does your pet have any current health problems or physical limitations? \_\_\_\_\_

Do YOU have any limitations (physical or other) that will affect your training with your dog?  
\_\_\_\_\_  
\_\_\_\_\_

Where did you hear about The Canine Connection? \_\_\_\_\_

Who will be attending class with your dog?

\_\_\_\_\_ Adults \_\_\_\_\_  
(Number) (Names)

\_\_\_\_\_ Children over age of 12\* \_\_\_\_\_  
(Number) (Names)

\* Please see class policy about children in class.

How would you best describe your dog (check all that apply)?

- Confident                       Fearful of new dogs                       Reserved                       Picky eater
- Timid                               Loves to play                               Loves food treats                       Loves toys
- Sound sensitive                       Stays focused                               Tires easily                               Easily distracted
- Fearful of new people                       Perpetual Motion Machine                       ADD (Attention Deficit Disorder)                       \_\_\_\_\_ (other)

Please help us help you! Tell us what you most want to get out of training – what are your GOALS for you and your dog?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What behaviors does your dog already know? (e.g. Sit, Down, Fetch, Tricks) \_\_\_\_\_  
\_\_\_\_\_

What does your dog do when he/she sees and/or meets other dogs? What about dogs of different sizes?

\_\_\_\_\_

What does your dog do when he/she meets new people? \_\_\_\_\_  
\_\_\_\_\_

Has your dog ever snapped at or bitten: [ ] Another dog? [ ] An adult? [ ] A child?

Where does your dog sleep at night? \_\_\_\_\_

Where does your dog stay during the day? \_\_\_\_\_

Is there anything else we should know about you and your dog? \_\_\_\_\_  
\_\_\_\_\_

**For Group Classes:** Please read the class policies before submitting your registration. I have read the class policies and understand and accept them: \_\_\_\_\_

(Your signature is required)

**For Group and Private Lessons:** I grant permission for any behavior reports to be shared, verbally or in writing, with my veterinarian: \_\_\_\_\_

(Your signature is optional)

**For Behavior Consultations:** I grant permission for any behavior reports to be shared, verbally or in writing, with my veterinarian: \_\_\_\_\_

(Your signature is required)

**Vet's Name:** \_\_\_\_\_

\*\*\*\*\*

**Thank you! We look forward to meeting you and your dog!**      © 2008 The Canine Connection

# WAIVER, RELEASE AND INDEMNITY AGREEMENT ACKNOWLEDGMENT AND ASSUMPTION OF RISKS AND HAZARDS

In consideration of the training and consultation I, the owner – or agent/handler of dogs(s) – have and will receive from Sarah Richardson, and THE CANINE CONNECTION, its owners, officers, agents, employees, volunteers and students (collectively “THE CANINE CONNECTION”), I, the undersigned, acknowledge and agree as follows:

\_\_\_\_\_  
Initial  
Here

(1) I understand that dog(s), as with all animals, whether domesticated or wild, possess an independent will and instinct, and are inherently unpredictable. There is always a risk of injury when working with dogs, including the possibility of being jumped on, knocked down, scratched, attacked or bitten. There is always the possibility that dogs may jump on, knock down, scratch, attack or bite me, a third person or another animal. I understand and acknowledge that I am solely responsible for the behavior of my dog(s) at all times (present and future) during the training and am responsible for controlling the dog and its behavior.

\_\_\_\_\_  
Initial  
Here

(2) I understand and acknowledge that following the instructions and advice given in the training does not guarantee my safety or the safety of others, including dogs and other animals, and does not guarantee that my dog, or other dogs (if participating in group training or socialization exercises), will not behave aggressively. **I understand that THE CANINE CONNECTION cannot and does not guarantee that any obedience training and/or behavior modification training will be successful or that it will eliminate aggressive behavior or the risk of injury.** I understand the continuing risk of injury and agree that in participating in this training, whether in the presence of the trainer, during group class and/or private instruction (at my home or elsewhere), or working on my own, I ASSUME SUCH RISK OF INJURY, damage or wrongful death.

\_\_\_\_\_  
Initial  
Here

(3) I agree on behalf of myself, my heirs, executors, administrators, guests, assigns, and if pregnant, my unborn child: to protect, defend (with attorneys selected by THE CANINE CONNECTION), indemnify and hold harmless THE CANINE CONNECTION, its owners, officers, agents, employees, volunteers and students from any and all liability, negligence, demands, claims including third party claims, losses including from theft and disease, suits, damages or expenses including attorney fees and costs, arising by reason of the death or injury of any person or animal or by reason of damage to or destruction of any property, allegedly caused by or arising out of or in connection with training or consulting services provided by THE CANINE CONNECTION, its owners, officers, agents or employees, volunteers and students.

\_\_\_\_\_  
Initial  
Here

(4) I agree on behalf of myself, my heirs, executors, administrators, guests, assigns, and if pregnant, my unborn child: to fully and forever release, discharge and waive any and all rights, claims, demands, suits, debts, disputes, contentions, liabilities, negligence, obligations, requests and causes of action, accrued or unaccrued, existing or prospective, which I have or may have against THE CANINE CONNECTION, its owners, officers, agents, employees, volunteers and students arising out of, connected to, or relating in any way to training or consulting services provided by THE CANINE CONNECTION, its owners, officers, agents or employees, volunteers and students.

Signed: \_\_\_\_\_  
(If handler is under 18, parent or guardian must also sign!)

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_