

Good Shepherd Dog Obedience

BASIC DOG OBEDIENCE OR AGILITY COURSE

I wish to enter my dog in the basic obedience class to be taught under the supervision of Linda Hardy or her agent(s). I will keep my dog on leash and under control at all times and I will be responsible for any and all damages that may be caused by said animal.

NOTE: The class instructor may make a short, Christian, non-denominational prayer preceding each class. Those wishing not to be present during this time are encouraged to arrive no later than five minutes after the scheduled beginning of the class. Neither Animal Services/Happy Tails/ or El Camino Veterinary Hospital endorse this prayer. It is made at the sole discretion of the instructor.

Handler's name(s) (please print) _____

Name of any guest _____

Mailing address _____

Cell Phone _____ Home _____ Work _____

E-Mail Address _____

Dog's name _____ Dog's breed _____

Dog's age _____ Length of time owned _____

Check one: Male _____ Neutered male _____ Female _____ Spayed female _____

Does the dog present any special training challenges, i.e., aggressiveness, passiveness, fears, health issues, etc.? _____

Where did you get your dog? _____

How long have you owned your dog? _____

How did you hear of this class? _____

Signed _____ Date _____

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Office use only

Class location/date/time: _____

REGISTRATION FEE PAID: Check # _____ Cash _____ Amt. _____

DHLPP: _____

Bordatella _____

Rabies _____

License _____

**Good Shepherd Dog Obedience
Classes/Privates/Custom
Linda Hardy 550-8238
goodshepobed@gmail.com**

GENERAL RELEASE FROM LIABILITY

As a willing and voluntary participant in the dog training class held by Good Shepherd Dog Obedience held at Animal Services/Happy Tails/or El Camino Vet Hospital, I hereby release and forever discharge and for my heirs, executors, administrators, and assigns, do hereby release and forever discharge Good Shepherd Dog Obedience, Linda Hardy, here agent(s), San Luis Obispo County Animal Services/Happy Tails/El Camino Vet Hospital, its agents and employees, from any and all claims, demands, liability, actions, causes of action and judgments, of whatsoever kind and nature, arising from , and by reason of any and all known and unknown, foreseen and unforeseen, bodily and personal injuries, including death, damage to property, and the consequence thereof, resulting, and to result, from my or my dependents or guests in above aforementioned class.

I am also taking full and complete responsibility for the actions of my dog, my dependents, and my guests and any damages likely to be accrued by his/her actions.

No representation of fact or opinion has been made by Linda Hardy, her agents, San Luis Obispo County Animal Services or any of its agents or employees/Happy Tails/El Camino Vet Hospital, their employees or agents to induce this release. That I have executed this freely and voluntarily, and with full knowledge of any rights or privileges that I may be waiving. I am of lawful age.

IN WITNESS WHEREOF, I have executed this release in San Luis Obispo County, California on:

Signed _____

Date _____

SIGNED IN THE PRESENCE OF THE FOLLOWING WITNESS:

Signature of witness _____

Date _____