Canine Affair Center Class Registration Form

Please call Canine Affair 440-729-9375 before sending this form to make sure there is room in the class

Mail to:
Canine Affair Center
c/o Mary Berr *
12061 Heath Rd.* Chesterland, Ohio 44026

Note that dogs must be healthy, current on immunizations, and free of parasites in order to participate in our classes. Dogs that show any aggressive tendencies will be removed from class without refund. Please wear flat, close toed shoes. Have your dog on a "regular" leash, no Flexi or retractable leashes, please.

CLASS NAME:		CURRENT DATE:	
CLASS TIME:		CLASS DATE:	
How did you hear about us?			
Past Student: □			
General Information:			
Dog's Name:		Dog's Age:	
Breed/Type:		Male: □ Female: □	
Your Name:			
Address:	City:	Zip:	
Primary Phone:		Secondary Phone:	
Email Address: Emergency Contact Person (Name and	l ph. number);		
Veterinarian:		Phone:	
PLEASE READ BEFORE SIGNI	NG		
the Canine Affair Center LLC (hereafter	referred to a	y of this dog is made available to me (us) for training in the as CAC) that I (we) agree that this facility has the right to r miss the dog and myself for cause which CAC deems to be	refuse the
agree to hold the CAC, its instructors, a harmless from any claim for loss or injur thing by the act of this dog or dogs while personally assume all responsibility and harmless from any claim for damage or disappearance, theft, damage or injury, the premises of the CAC's building or gr	ny and all p y which may e in or upon liability for s injury to the be caused c ounds. The	pportunity to train my dog(s), attend seminars or private less persons associated with CAC, and the building and property be alleged to have been caused directly or indirectly to a the premises or grounds or near any entrance thereto, and such claim, and I (we) further agree to hold the aforemention of dog or myself, either physically or mentally, whether such for alleged to be caused by the negligence of the CAC while terms of this agreement bind the parties for the currents shops/seminars in which they participate.	rty owner any person o d I (we) ioned parties n loss, le in or upon
Signed:		Date:	