**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: Click here to enter text. | CURRENT DATE: Click here to enter text. |

|  |  |
| --- | --- |
| CLASS TIME: Click here to enter text. | CLASS DATE: Click here to enter text. |
| How did you hear about us? Click here to enter text. | |
| Past Student: | |

**General Information:**

|  |  |  |
| --- | --- | --- |
| |  | | --- | | Dog’s Name: Click here to enter text. | | Dog’s Age: Click here to enter text. |

|  |  |
| --- | --- |
| Breed/Type: Click here to enter text. | Male:  Female: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Your Name: Click here to enter text. | | | | |
| Address: Click here to enter text. | City: Click here to enter text. | | Zip: Click here to enter text. |  |
| Primary Phone: Click here to enter text. | | Secondary Phone: Click here to enter text. | | |

|  |
| --- |
| Email Address: Click here to enter text. |
| Emergency Contact Person (Name and ph. number): Click here to enter text. |
| |  |  | | --- | --- | | Veterinarian: Click here to enter text. | Phone: Click here to enter text. | |

**PLEASE READ BEFORE SIGNING**

**Liability Waiver**

*I (we) acknowledge that this application for the entry of this dog is made available to me (us) for training in the classes of the Canine Affair Center LLC (hereafter referred to as CAC) that I (we) agree that this facility has the right to refuse the entry of this dog and/or they reserve the right to dismiss the dog and myself for cause which CAC deems to be sufficient.*

*In consideration of the acceptance of this and the opportunity to train my dog(s),attend seminars or private lessons, I (we) agree to hold the CAC, its instructors, any and all persons associated with CAC, and the building and property owner harmless from any claim for loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of this dog or dogs while in or upon the premises or grounds or near any entrance thereto, and I (we) personally assume all responsibility and liability for such claim, and I (we) further agree to hold the aforementioned parties harmless from any claim for damage or injury to the dog or myself, either physically or mentally, whether such loss, disappearance, theft, damage or injury, be caused or alleged to be caused by the negligence of the CAC while in or upon the premises of the CAC’s building or grounds.* ***The terms of this agreement bind the parties for the current period of training classes/private training, events or workshops/seminars in which they participate.***

**Please sign and date**

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