

**The Houndry Official Use Only**

Vaccination due dates (provide proof):

Rabies \_\_\_\_\_ Bordetella \_\_\_\_\_

DHPP (distemper/parvo) \_\_\_\_\_

Start Date of Class \_\_\_\_\_

Dog's Name \_\_\_\_\_ Class Type: Puppy / Basic Behavior / Mini-Consult

Owner / Handler Name \_\_\_\_\_

Names of other family members \_\_\_\_\_

Address \_\_\_\_\_

City / State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Email \_\_\_\_\_ How did you hear about The Houndry? \_\_\_\_\_

Dog Breed or Description \_\_\_\_\_

Sex: MALE / FEMALE Age \_\_\_\_\_ Weight \_\_\_\_\_ Color and Markings \_\_\_\_\_

Spayed or Neutered: YES / NO When \_\_\_\_\_ Where \_\_\_\_\_

Veterinarian \_\_\_\_\_ Vet Phone number \_\_\_\_\_

Adoption Date \_\_\_\_\_ Adopted From \_\_\_\_\_

Are there any other animals in your household? (If yes, please list type/sex/age) \_\_\_\_\_

Does your dog suffer from any chronic medical conditions? (Please explain) \_\_\_\_\_

**As a condition of this registration, the following agreement must be signed:**

**WAIVER, ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS**

I understand that the attendance of puppy / dog training class is not without risk to myself, members of my family or guests who may attend, or my dog, because some of the dogs which I (we) will be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care.

I hereby waive and release The Houndry, it's employees, owners, agents and other persons or entities involved with the services offered by The Houndry, from any and all liability of any nature for injury or damage which I or my dog may suffer, including specifically, but without limitation, any injury or damage resulting from the action of any dog, and I expressly assume the risk of any such damage or injury while attending any training sessions or other functions of The Houndry, or while at the training facility or the surrounding area thereto.

In consideration of and as inducement to the acceptance of my application in this training class, I hereby agree to indemnify and hold harmless The Houndry, it's employees, owners, agents and other persons or entities involved with the services offered by The Houndry, from any and all claims, or claims any member of my family or any other person accompanying me to any training session or function of The Houndry, or while in the facility or surrounding area thereto as the result of any action by a dog, including my own.

\_\_\_\_\_  
Signature of owner or Authorizing Agent:  
(Signer must be 18 years of age)

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