



**Academy for Obedient Paws
Class Registration Form**

Owner Information

Title _____ First Name _____ Last Name _____
Street Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____ Fax Number _____
E-mail Address _____

Please call for class dates & times: _____
If you are writing a check please include Date of Birth & Drivers License Number _____
How did you hear about our classes? _____
Primary Trainer's name: _____

Dog Information

Name _____ Breed _____ Date of Birth _____ Sex _____ Neutered? _____
Veterinarian _____ Phone Number _____ Vaccination Date _____

Has your dog had any previous obedience or puppy classes? If so, please describe: _____
Do you have any specific problems or concerns with your dog? If so, please describe: _____
Is your dog aggressive toward other dogs? _____
Has your dog ever growled or snapped at anyone? If so, please describe: _____
What would you like your dog to learn from these classes? _____

Agreement to Hold Harmless, Waiver and Assumption of Risk

I understand that attendance at a dog obedience training class is not without risk to myself, members of my family or guests who may attend. Due to the excitement of being at the class, the strange surroundings and the other dogs, the dog may be difficult to control even when handled with the best of care.

I hereby waive and release **The Academy for Obedient Paws / Jena Shimkus/ any employee's** hereinafter referred to as the "Training Organization", its employees, officers, member and agents from any and all liability of any nature, for Injury or damage which I, my family, 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 such damage or injury while attending any training session, or any other function, of the Training Organization, or while on the training grounds or the surrounding area thereto as a result of any action by any dog, including my own.

Signature of Owner or Authorized Agent
(In case of a minor, a parent or legal guardian must sign.)

Date

No Refunds will be given unless the dog is deceased or too ill to take part in more than half the classes

Remember to enclose your registration / release form, a copy of proof of vaccines plus Kennel Cough shot and \$185 registration fee. Checks may be made payable to Academy for Obedient Paws (or AOP) and mailed to : Academy for Obedient Paws • 58663 Runway Rd. • Elkhart, IN 46516. Checks must have drivers license number and birth date noted on them.