



FOR OFFICE USE ONLY	
Class Selection	
Start Date	Class Time
Payment Amount	Date

OBEDIENCE ENROLLMENT FORM

Please answer the questions that follow as thoroughly as possible. This form should be received with your deposit at least a week before the training appointment. All answers are confidential and will help us to serve you better.

Owner's Name	Dog's Name
Address	Breed/Mix & D.O.B or Age
City	State
Zip	Veterinarian's Name
Home Phone	Veterinarian's Phone
Cell Phone	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Neutered <input type="radio"/> Spayed <input type="radio"/> Intact Crate Trained <input type="radio"/> Yes <input type="radio"/> No Previous Training <input type="radio"/> Yes <input type="radio"/> No
Email	
Best Way to Communicate	
<input type="radio"/> Text <input type="radio"/> Email <input type="radio"/> Phone <input type="radio"/> Mail	

AUTHORIZATION TO RELEASE VETERINARY RECORDS

All pets entering the hospital, boarding, grooming, or training areas are to be vaccinated for the following:

- Rabies DHP (Distemper / Hepatitis / Parainfluenza)
- Corona Bordetella Parvo

I hereby certify that I am the owner or authorized agent of the owner of the above-described pet. Further, I hereby request and authorize _____ to release the current vaccination information for my pet to Central Pet Care. I release _____ and their veterinarians and staff from any and all legal liability for the release of information to the extent indicated and authorized herein. I may revoke this authorization in writing at any time. _____

Initial

All pets must be free from fleas, ticks, and other parasites. Any animal being admitted to training areas with parasites will be treated at the owner's expense upon entering the facility, or it will not be admitted.

I understand and agree that Central Pet Care and its affiliates shall not be liable for any injury or damage to any person, animal, or property, which results from the training or behavior of my pet. I also understand and agree that any child under the age of 16 must be accompanied by an adult. I further agree that Central Pet Care, its affiliates and its employees shall not be held liable for any costs or expenses incurred in connection with any claim occurring as a result of my pets participation in the program. I also understand that my dog must be on a leash at all times.

I, the undersigned, do hereby consent and agree that Central Pet Care, its employees, or agents have the right to take photographs, videotape, or digital recordings of my pets and to use these in any and all media, now or hereafter known, and exclusively for the purpose of promotion, education or marketing on paper, visual media or the internet.

Signature _____ **Date** _____

*In the event of inclement weather, classes will be canceled.