



Canine Training Registration

Class Start Date:

Owner's Name:

Other Family Members Attending:

Address:

City:

State:

Zip:

Email:

Phone:

Dog's Name:

Breed:

Gender:

Dog Birth Date/Age:

Veterinarian Name:

Clinic:

Phone:

(a copy of your dog's vaccination records must be attached)

How did you hear about this class?

Is your dog taking medications? If so, please list:

Does your dog have any health issues? If so, please list:

List problems to solve, any important information about your pup, and/or what you hope to accomplish.

- 1.
- 2.
- 3.

Dog handling, training, and other such services can be dangerous to you and your dog. Please carefully read the release of liability below.

I, the undersigned, hereby acknowledge I have voluntarily applied for canine owner/handler training, or related services, conducted by the Humane Society of South Central Michigan (HSSCM). I fully understand that such training and services may pose numerous risks to the health and safety to myself and my dog. I freely and knowingly assume these risks, which include, but are not limited to, the following examples, which are not intended to be all-inclusive: the risks of the owner/handler being bitten, scratched, soiled, tripped, yanked, jerked, attacked, frightened, or otherwise injured by other dogs in the classes, or by the owner/handler's own dog; the risks of tripping over or slipping upon floor matting, dogs, or dog-training related objects, or slipping on dog drool or dog solid or liquid waste matter, or colliding with dogs, other human participants, dog training props, dog jumps, dog obstacles, dog gating or building parts, including but not limited to, walls, doors, and support beams. I will not hold the Humane Society of South Central Michigan, its members, officers, agents and employees legally or financially responsible for any injury to my dog or myself. I understand that I am responsible for my dog and its actions, and understand the Michigan Dog Bite Law dog bite statute, Mich. Comp. Laws Ann., sec. 287.351.

Please make checks payable to HSSCM.

Owner's Signature:

Date:
