



Animal Hospital

of Shawnee Hills

Healthy Pets Happy Hearts

9540 Dublin Road

Powell, Ohio 43065

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Dog Training Waiver & Release Form

- I understand that dog training may involve risks to myself, members of my family, or my dog. I assume all risks associated with participating in this training class and will not hold the Animal Hospital of Shawnee Hills or its instructors responsible in the event of injury to myself, family members or my dog. I agree to comply with the instructions, rules and decisions of the training instructor as it relates to me or my dog's ability to safely complete this course. I also agree to assume all responsibility for any damage done to property, persons, or other dogs done by me or my dog's actions.
- I understand that there will be no refund of tuition after the second class meeting. I also understand that there are no regularly scheduled make up sessions and that if I miss a class meeting the course instructor will update me by appointment only.
- I understand that all dogs participating in the training classes of the Animal Hospital of Shawnee Hills Training Center must be free of any infectious disease and must be current on all appropriate vaccinations, including bordatella, distemper, parvovirus and rabies. I also understand that all dogs enrolled in the training course must be receiving monthly preventative treatments for the control of fleas.
- I understand that the Animal Hospital of Shawnee Hills and the Animal hospital of Shawnee Hills Training Center does not guarantee the results of its canine training classes.
- I grant permission to the Animal Hospital of Shawnee Hills and Positive Pups Dog Training to use my pet's photograph(s) and/or video(s) taken during training sessions for educational and promotional purposes in any type of media.
- I hereby agree and covenant for myself, my heirs, executors, administrators and anyone else who may claim on my behalf to waive, release and discharge the Animal Hospital of Shawnee Hills and its employees from any and all claims arising out of or in connection with or in any way related this training class.

Signature:	Date:
Printed Name:	