



Humane Society
of Chittenden County

Where Best Friends Meet

142 Kindness Court
South Burlington, VT 05403
802.862.0135 / 802.860.5868 (fax)
www.chittendenumane.org

Dog Training Class Registration Form

Please return this form with payment for your class to HSCC. Spaces are reserved only upon receipt of payment. Classes are offered on an ongoing basis. Please indicate if you are interested in the next class if your first choice has already filled. Registration fees are non-refundable if cancellation is made less than one week prior to the start of the session.

Which class you are registering for?

- Puppy Preparation** **Thoughtful Owner, Gracious Dog**

Start date and time: _____

Owner information

Name(s): _____

Address: _____

Phone: Day: _____

Evening: _____

Email: _____

Dog information *

Name: _____

Breed(s): _____

Date of Birth or Age: _____

Gender: M or F / Spayed or Neutered? Y or N

Are you planning to Spay or Neuter: Y or N

Does your dog have any food restrictions? Y or N
If yes, what: _____

How did you hear about our training services? _____

What issues are you having with your dog or what would you like to get out of the class?

*** Verification that your puppy/dog is up to date on appropriate vaccinations will be required prior to beginning class. (16 weeks+: rabies and DHLPP series; younger than 16 weeks: age appropriate ~ speak to your veterinarian about exposure to other dogs; suggested but not required: bordetella vaccine) [Records can be faxed from you or your vet to 802.860.5868]**

Payment for class can be made by cash, check, MasterCard or Visa:

Puppy Preparation (\$135) Thoughtful Owner, Gracious Dog 1.a (\$65) Thoughtful Owner, Gracious Dog 1.b (\$65)

Check enclosed **OR** MasterCard or Visa card # _____ - _____ - _____ - _____ exp: _____

I understand that participation in HSCC dog training classes is not without some risk, that despite all the dogs appearing healthy, and being handled with the greatest amount of care and foresight, dogs aren't always predictable and the unexpected may occur. I hereby assume any and all risks that would customarily and ordinarily occur by my participation in dog handling, dog movement or activities on site, and waive and release to the benefit of HSCC in consideration for my acceptance and participation in the program. I hereby waive and release HSCC, its employees, owners and agents from any and all claims while on the grounds or surrounding area thereto, and resulting from participation in HSCC dog training classes, including specifically, but without limitation, any injury or damage resulting from the action of any dog, including my own. I further agree to pay veterinary/ medical expenses incurred as a result of injury caused by my dog(s). I give HSCC permission to seek veterinary care if necessary for my dog(s) at my expense; however I will not hold HSCC responsible if they fail to seek veterinary care.

Signature of Class Participant(s)

Date

Date of payment: _____ **type:** check cash MC/Visa **Vacc Hx:** rabies dhlp bordetella
Date: _____