



**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 on a first come first serve basis following verification of vaccines. Registration fees are non-refundable if cancellation is made less than 3 days prior to the start of the session.

Which class you are registering for?

- Super Dog     
  Super Puppy     
  Super Duper 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, Visa, or Discover:**

Super Dog (\$135)   
  Super Puppy (\$135)   
  Super Duper Dog (\$135)  
 (15% discount for dogs adopted from HSCC with in the last 6 months)

Check enclosed   
 OR   
 MC, Visa, or Discover   
 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  dhlpp  bordetella  
**Date:** \_\_\_\_\_