

PEPP K-9 STELLAR DOG REGISTRATION

CLIENT SECTION

CLIENTS NAME: _____

ADDRESS: _____

PHONE: _____

CELL: _____

EMAIL: _____

DOG'S NAME: _____

DOG'S AGE: _____ SPAYED/NEUTERED _____

DOG'S BREED: _____ DATE NOVICE COMPLETED: _____

PLEASE PROVIDE US WITH THIS FORM COMPLETED, PAYMENT (CASH) AND **PHOTOCOPY** OF DOG'S CURRENT VACCINATION FORM UPON REGISTRATION. IT IS RECOMMENDED BUT NOT NECESSARY TO HAVE YOUR DOG OBTAIN KENNEL COUGH VACCINATION. PLEASE ENSURE YOUR DOG IS FREE OF FLEAS OR PARASITES BEFORE BRINGING TO CLASS.

DATE OF PROGRAM CHOSEN: _____

TIME: _____

AS A CLIENT OF PEPP K9 TRAINING SERVICES I UNDERSTAND THAT I AM SOLEY RESPONSIBLE FOR THE BEHAVIOUR OF MY DOG AND DO NOT HOLD PEPP K9 TRAINING SERVICES OR THEIR OWNER OR OTHER HELPERS/STAFF RESPONSIBLE FOR ANY DAMAGES, INJURIES OR LOSS OF VALUABLES PERTAINING TO MYSELF OR MY DOG OR INJURIES TO OTHERS DURING THESE CLASSES AT ANY LOCATION _____ (initial of client)

I UNDERSTAND THERE ARE NO REFUNDS FOR ANY REASON _____ (initial of client) AND THAT PEPP K9 IS NOT RESPONSIBLE FOR ANY BEHAVIOURS/INJURIES YOUR DOG MAY SUSTAIN OR CAUSE OUTSIDE WHEN IN CLIENT'S CARE AT HOME OR ELSEWHERE. WE DO OUR BEST TO GUARANTEE RESULTS BUT IT IS INCUMBENT ON THE CLIENT TO CONTINUE PRACTICING. WE ARE NOT TO BE HELD RESPONSIBLE FOR FAILURE OF DOG TO COMPLY.

I HAVE READ AND UNDERSTOOD ALL OF THIS REGISTRATION FORM AND AGREE

SIGNATURE OF CLIENT _____

OFFICE ONLY

CLIENT PAID IN FULL _____ (note any discounts and sign) NOTES:
