

PUPPY KINDERGARTEN CLASS
APPLICATION AND AGREEMENT FORM

OWNER Information

Name:

Address: City: State: Zip:

Home Phone: Work Phone: Cell Number:

E-Mail:

Pet's Information

Dog's Name: Date of Birth or Age: Sex:

Breed/Mix: Color:

Date of Last Vaccination: Given by: (veterinarian)

Class Information

How did you hear about this class:

I am enrolling for (check your choice and calculate the total amount for individual classes):

4-week series for \$110.00

Individual classes @ \$37.50 each class(es) x \$37.50 =

First Class Start Date:

Payment method: Check CC by Phone CC by Fax Money Order

Agreement

The above applicant is registering for a group dog training class to be held by DogPACT. It is understood that this application must be accompanied with full payment for the class, and I must receive confirmation from DogPACT in order to ensure enrollment in the class. DogPACT reserves the right to refuse enrollment to anyone.

It is agreed that: 1) my puppy is between 10 and 20 weeks of age on the date of the first class; 2) due to limited class size, **this is a non-refundable agreement.**

In consideration of being allowed to enroll in this class, I hereby release DogPACT, Terry Long, Maryanne Dell, Kelli Knowles, and VCA Rossmoor-El Dorado Animal Hospital and its officers, directors, agents, employees, and interns from all liability for loss, damage or injury to me or my dog, and agree to hold the aforesaid parties harmless from all liability, damage, cost or expense (including attorney fees) arising out of any claim, demand or action based upon any occurrence concerning myself or my dog. The entire agreement between the parties is set out in this page and there have been no oral representations that do not appear herein and no warranties, either expressed or implied, other than the above contained herein.