



Dogwood Training Classes Registration Form

(919) 942-6330

Client Information

Date _____

Name _____ Spouse's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Spouse's Work Phone _____ Spouse's Cell Phone _____

Email Address _____

Can we contact you via email? Yes No

Pet Information

Name _____ Species _____ Sex, Spayed or Neutered? _____

Age/Date of Birth _____ Color _____ Breed _____

Does your pet have any ongoing medical conditions? _____

Is your pet up to date on vaccines? Yes No

Where was your pet last vaccinated? _____

All vaccinations must be current. Proof of Rabies, DHPP, Bordetella vaccines, Heartworm test (annual), and Fecal test or deworming (bi-annual) must be provided prior to admittance into Dogwood Training Classes.

Release of Liability

I, (Owner's Name) _____, as the legal owner of, (Dog's Name) _____ do hereby waive and release, Dogwood Veterinary Hospital & Pet Resort, its staff, doctors, agents, and all affiliates, from any and all liabilities of any nature. I agree to take complete responsibility for the actions of my dog, and myself, before, after and during class. At no time will the instructor of this class or Dogwood Veterinary Hospital & Pet Resort, its staff, doctors, or agents, be liable or responsible for the actions of myself, my dog or any other person who accompanies me to class.

Owner's Signature: _____ Date: _____