

**Canine Head Start**  
**125 East Chestnut Hill Road, Montague MA 01351**  
[www.canineheadstart.com](http://www.canineheadstart.com)  
**413 367 0094**  
**Client Registration Form**

Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Puppy's Name: \_\_\_\_\_

Breed: \_\_\_\_\_ DOB/Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Where did you get your puppy/dog? Breeder Shelter Newspaper Pet Store Other

How long have you had your dog? \_\_\_\_\_ Have you trained other dogs in the past? \_\_\_\_\_

Describe in outline form a typical day for your puppy/dog. Include feeding schedule, walks, time in crate, etc.

\_\_\_\_\_  
\_\_\_\_\_

Please list 3 goals you would like to work accomplish in training your dog.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Referred to Canine Head Start by: \_\_\_\_\_

Please indicate the Class, including day and time, for which you wish to register. \_\_\_\_\_

***The classes are size limited. Registration and full payment is required to reserve a place. There will be no refunds after class has begun.***

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**Do not fill out below this point**

Class: _____	Class: _____	Class: _____	Class: _____	Class: _____	Class: _____
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Vac Hist. _____	Vac Hist. _____	Vac Hist. _____	Vac Hist. _____	Vac Hist. _____	Vac Hist. _____
Paid: _____	Paid: _____	Paid: _____	Paid: _____	Paid: _____	Paid: _____

Please read and sign the release below:

**\*Waiver, Assumption of Risk and Agreement to Hold Harmless\*** I understand that attendance at a dog obedience class is not without risk to myself, members of my family or guests who may attend, or my dog, because some of the dogs to which I (we) will be exposed to may be difficult to control and may be the cause of injury even when handled with the greatest of care. In consideration of and as an inducement to, the acceptance of my registration for classes, I agree to indemnify and hold harmless and hereby waive and release the school, its employees, owners, or agents from any and all liability of any nature for injury or damage which I, my family, or guests or my dog may suffer, including specifically, but without limitation to, any injury or damage resulting from the action of any dog, including my own, and I expressly assume the risk of any such damage or injury while attending any training session or other function of the school, or while on the school ground or in the building. I also understand that the degree to which a dog is successfully trained is a function of the interest, commitment and cooperation of the owner. I acknowledge and agree that there is no guarantee that my dog will achieve the desired level of training, despite the best efforts of the instructor.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please have all family members who will be attending classes sign.