



125 East Chestnut Hill Road, Montague MA 01351
www.canineheadstart.com
413 367 0094
Client Registration Form

Date: _____

Owner Name: _____ Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email (Please print clearly): _____

Best method to use for contact: _____

Emergency Contact: _____

Would you like to be added to the Canine Head Start email list? Yes No

Dog's Name: _____ Sex: _____ DOB/Age: _____

Breed/Mix: _____ How long have you had your dog? _____
Where did you get your puppy/dog? Breeder Shelter Newspaper Pet Store Other

Have you trained dogs in the past? _____ If yes, how? Classes Private Trainer On my own

Does your dog have any medical issues? If so, please describe. _____

My dog is socialized and friendly with: Other adult dogs Puppies Adults Children

Have you seen a canine behaviorist for any reason in regards to this dog? Yes No If yes, whom?

Please list 2 goals you would like to work accomplish in training your dog.

1. _____ 2. _____

Referred to Canine Head Start by: _____

Please indicate the Class 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 once the registration has been received and a place is held for your dog.

We provide a "Report Card" at graduation, outlining your dog's greatest strengths. May we share your dog's report card with your veterinarian? Yes! No.

My dog's veterinarian is Dr. _____ at _____ Clinic.

Please read and sign the release on the following page.

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.

To be filled out by Canine Head Start Staff

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: _____