



K9 Coach Plus

### Training Class Registration Form

To insure space in a class, fill in the form email it to [info@k9coachplus.com](mailto:info@k9coachplus.com) or bring it with the first class, CA 95020. You may also fax the form to (408) 847-8518.

For additional information speak with the staff or call (408) 623-7887. You will also need to provide a current health certificate (Shot Records) for your dog(s).

Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Email: \_\_\_\_\_ Starting Date of Class: \_\_\_\_\_

Basic\_\_\_ Intermediate\_\_\_ Advanced\_\_\_ Wed evenings \_\_\_ Sat Mornings\_\_\_\_\_

Dog's Name \_\_\_\_\_

Age of Dog: \_\_\_\_\_ Sex of Dog: \_\_\_\_\_

Breed of Dog: \_\_\_\_\_ Neutered/Spayed: \_\_\_\_\_

Rabies Vaccination date: \_\_\_\_\_ DHPP Vaccination Date: \_\_\_\_\_

Bordatella (Kennel Cough) Date: \_\_\_\_\_

#### Waiver of Liability

I, the undersigned, certify and represent that the dog named below has been vaccinated on the dates set forth above (or attached) and is not a hazard to person(s) or other dogs. Further, I agree to hold K9 Coach Plus and their respective representatives harmless from any claims or loss or injury, to my dog, myself and/or any of my guests, alleged to have arisen from attendance at these classes. I assume all responsibility for my dog, myself, guest(s) and children. I have read the conditions of this wavier and agree to abide by the policies of the class and instructors.

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