



Redfern Canines

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www.redferncanines.com

Training Application

Name (Handler) _____ Age (if under 18) _____

Address _____

City _____ State _____ ZIP _____

Email Address _____ Home Phone (____) _____

Work Phone (____) _____ Cell Phone (____) _____

Alternate Phone Numbers are important
in case there are last-minute changes to
class schedules due to weather or other
emergencies.

Dog's Name _____ Breed _____

Dog's Age _____ ☐ Male ☐ Female ☐ Spayed/Neutered?

How long have you had this dog? _____

Owner's Name (if not Handler) _____

Will your dog walk on a leash? ☐ Yes ☐ No

Has your dog been housetrained? ☐ Yes ☐ No

Have you ever trained a dog before? ☐ Yes ☐ No

If YES, where? _____ When? _____

Has your dog shown any submissive behavior? ☐ Yes ☐ No

Has your dog shown any signs of aggressiveness or viciousness? ☐ Yes ☐ No

If YES, was it toward ☐ People, or ☐ other Dogs, or ☐ Both

Has your dog ever bitten another dog? ☐ Yes ☐ No A person? ☐ Yes ☐ No

Has your dog ever been injured? ☐ Yes ☐ No If YES, describe: _____

What are your 3 major goals for this class:

For the Handler _____

For your Dog _____

How did you hear about Redfern Canines? _____

Vaccination Information All dogs participating in any class or event **MUST** be Licensed, and **MUST** have current Vaccinations as of the start of the class or event. **Veterinary Record documentation** (Receipt or Statement) is **REQUIRED**, and **must be presented before start of the first class**.

Last Vaccination Dates:

Rabies _____ DHLPP _____ Kennel Cough _____ Veterinarian _____

Class or Event Requested

See current Class Schedule for Description
and Class Time offerings

- ☐ Beginners Class
- ☐ Puppy Class (dogs to 6 months)
- ☐ Manners Class
- ☐ Kids 'n K9s
- ☐ Rally Obedience — Level 1
- ☐ Rally Obedience — Level 2
- ☐ Agility — Level 1
- ☐ Agility — Level 2
- ☐ IMPROV
- ☐ Obedience Competition — Level 1
- ☐ Obedience Competition — Level 2
- ☐ Conformation Competition Preparation
- ☐ Come & Go
- ☐ CGC/Therapy Preparation
- ☐ Loose Leash Walking
- ☐ Reliable Recalls
- ☐ Hearing Dog Class
- ☐ Service Dog Class
- ☐ Tricks Class
- ☐ CGC/TDI Evaluation
- ☐ Seminar (Specify) _____
- ☐ Other (Specify) _____

Class Start Date & Time:

(See Schedule for details)

Date _____ Time _____

Intro Seminar Date: _____

PLEASE NOTE that CLASS SIZES ARE LIMITED.
Registrations are accepted on a first-come,
first-served basis.

**Application and payment must be received by mail not
later than 3 days before the start of class.**

REFUND POLICY: A refund will be provided if written notice of withdrawal from class is received at least 24 hours prior to the start of class sessions. There will be no partial refunds for classes missed, or if the student withdraws from class after sessions begin. Refunds will be subject to a processing fee of \$10.00 for CLASSES and \$25 for SEMINARS.

Agreement to Hold Harmless, Waiver, and Assumption of Risk

I understand that participation in Dog Training Classes is not without risk to myself, members of my family, or guests who may attend. Some dogs to which I will be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care.

In consideration of and as inducement to the acceptance of application for training by Redfern Canines Inc (hereinafter referred to as the "Training Organization"), I hereby agree to indemnify and hold harmless this Training Organization, its employees, officers and agents from any and all liability of any nature, and from any and all claims by any member of my family or any other person accompanying me to any training session or function of the Training Organization, for injury or damage which I or my dog may suffer, including specifically but without limitation, any injury or damage resulting from the action of any dog, including my own. I expressly assume the risk of such damage or injury while attending any training session, or any other function of the Training Organization, or while on the training grounds or the surrounding area thereto.

I certify that I am 18 years of age or older, that I have read this entire Waiver, and that I fully understand the provisions of this Waiver and intend to be legally bound hereby.

X

_____ Date _____

Signature of Handler

X

_____ Date _____

(If Handler is a Minor, Parent or Guardian must sign here)

OFFICE USE: Pd \$ _____ ☐ Check # _____ ☐ Cash

☐ Vaccinations Verified ☐ License Verified

Comments:

2011-03-21