



# 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
- Obedience Competition — Level 1
- Obedience Competition — Level 2
- Conformation Competition Preparation
- K9 Sampler
- CGC/TDI Preparation
- Loose Leash Walking
- Reliable Recalls
- Attention Tuning
- Tricks Class
- CGC/TDI Evaluation
- Seminar (Specify) \_\_\_\_\_
- Other (Specify) \_\_\_\_\_

### Class Start Date & Time:

(See Schedule for details)

Date \_\_\_\_\_ Time \_\_\_\_\_

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. There will be no partial refunds for classes missed. Refunds will be subject to a processing fee of \$5.00 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: \_\_\_\_\_

2008-02-27