



**Tails-U-Win!® Canine Center, LLC**  
175 Adams Street ~ Manchester, Connecticut 06040 ~ (860) 646-5033

### Registration Form

Type of Class \_\_\_\_\_ Beginning Date \_\_\_\_\_ Time \_\_\_\_\_

**RABIES shot date** \_\_\_\_\_ Attach certificate copy or note date or tag number \_\_\_\_\_

Please note: **Early Bird Discounts** are available for those who pay for two classes. Ask your instructor for details.

Owner's Name(s) \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone Numbers (including area code): Home \_\_\_\_\_ Work \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Is the dog spayed or neutered? \_\_\_\_\_ How old is the dog? \_\_\_\_\_

If you are registering for a puppy class, please tell us your puppy's exact date of birth \_\_\_\_\_

How old was your dog when you got him/her? \_\_\_\_\_ Where did you get your dog? \_\_\_\_\_

Have you ever trained a dog before? \_\_\_\_\_ Yes: \_\_\_ No: \_\_\_

Have you attended any other classes here at Tail-U-Win!?: \_\_\_\_\_ Yes: \_\_\_ No: \_\_\_

What do you feed your dog? \_\_\_\_\_

Do either **you or your dog** have any physical handicaps or disabilities which may affect training? \_\_\_\_\_

If yes, please explain:

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

List three goals you would like to accomplish while in class

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

What do you like best about best about this dog?

\_\_\_\_\_

What does your dog already know?

\_\_\_\_\_

Who is your Vet? \_\_\_\_\_

Date of your dog's last distemper/parvo shot \_\_\_\_\_

How did you hear about our classes? \_\_\_\_\_

**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 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 grounds 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 \_\_\_\_\_

Please have all members of your family who will be attending class sign.

Make checks payable to Tails-U-Win!® Canine Center, LLC.

**NOTE: Class fees are not refundable after the start of class.**

Thanks -and *Happy Training!*