



Dog Training Class Registration

Please complete questionnaire and bring it in with you to the first class.

Owner's Name	Handler's Name
	() Same as Owner

Note: Handlers under the age of 16 are required to have parental supervision while classes are in session.

Address	City	Zip
Phone:	Email:	

Dog's Name	Breed	Age	Gender
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Class		
Puppy Preschool (age 8 to 16 weeks) ()	Family Dog Manners (4 months and up) ()	Intermediate Manners ()

How did you hear about our classes?				
Radio ()	Called the shelter ()	Flyer from the shelter ()	Our Vet ()	Other please list ()

Waiver: I understand that the handling of dogs may place me in a hazardous situation and could result in injury to me, my dog or to others (+ their dogs) participating or observing the dog training classes held by the Kauai Humane Society (KHS).

On behalf of myself, and my heirs, personal representatives and assigns, I hereby release, discharge, indemnify and hold harmless KHS and its directors, officers, employees, and agents from any and all claims, causes of action and demands of any nature, whether known or unknown, arising out of or in connection with my activities at the Kauai Humane Society.

In addition, I agree that I will defend and indemnify KHS and its directors, officers, employees, and agents for any injury, expense cost or other damages to any dog handlers, whether sponsored by me or not, or third parties arising out of my actions or the actions of my dog.

I have read and understood the above-stated provisions and agree to accept these responsibilities.

Owner's Signature: _____ **Date:** _____

VACCINATION DATE(S) _____, _____, _____ **KHS Init.** _____

Please tell us about you and your dog:

- List two or three things you love about your dog:

- Has your dog attended previous training classes? ___ Yes ___ No

If "yes," where and what classes?

- Detailed description of problem behavior(s):

- Please list any health issues or limitations your dog has:

- How frequently do you exercise your dog?

- Type(s) of exercise - please check all that apply:

In yard Walks on leash Runs Hikes/Swims Other

- What are your training goals for you and your dog:

- Is there anything else you feel we should know about you or your dog?

- Do you (the handler) need assistance due to health issues and/or conditions? What assistance do you think you will need to participate in class?
