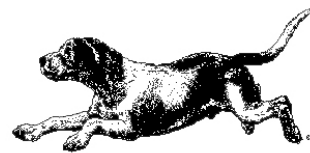


# Greenwood Dog Training School



## Registration Form

Class Beginning \_\_\_\_\_ ( \_\_\_ Puppy Pre-K \_\_\_ Beginner \_\_\_ Level 2)

Location (*circle one*): Crest View Animal Clinic    Camp Bow Wow

Name of Owner \_\_\_\_\_

(If owner is under 18 yrs. of age, this form must be completed & signed by a parent or legal guardian.)

Names of any other adults attending training classes \_\_\_\_\_

Names of any children attending training classes \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers - day \_\_\_\_\_ evening \_\_\_\_\_ cell \_\_\_\_\_

e-mail \_\_\_\_\_

Name of Veterinarian \_\_\_\_\_ Vet's telephone # \_\_\_\_\_

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

Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Spayed/Neutered? \_\_\_\_\_ Age when spayed/neutered \_\_\_\_\_

Age obtained? \_\_\_\_\_ From where? \_\_\_\_\_

Have you trained a dog before? \_\_\_\_\_ Where? \_\_\_\_\_

What do you want to learn how to teach your dog?  
\_\_\_\_\_

Does your dog/puppy exhibit any of the following behaviors? Rate each one from 0 (non-existent) to 5 (severe problem):

\_\_\_ jumping on people

\_\_\_ pulling on the leash

\_\_\_ growling/showing teeth at people

\_\_\_ shyness/fear of people

\_\_\_ shyness/fear of other dogs

\_\_\_ housetraining issues

\_\_\_ problem chewing

*additionally, for dogs & puppies older than 4 months:*

\_\_\_ nipping people (no broken skin)

\_\_\_ biting people (broken skin)

\_\_\_ biting people (puncture wounds requiring medical care)

\_\_\_ growling/showing teeth at other dogs

\_\_\_ nipping other dogs (no broken skin or very minor wound)

\_\_\_ biting other dogs (puncture wounds)

\*\* Please give further details for anything that you rated as 3 or higher (*if you are registering within 1 week of the start date, please email/call us with this information so we can determine if a group course is appropriate for your dog*):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Greenwood Dog Training School? \_\_\_\_\_

**\*\*For group courses please include a copy of your dog's most current vaccination and rabies vaccination record (if appropriate for the age of the dog).**

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**WAIVER OF LIABILITY; ASSUMPTION OF RISK; INDEMNIFICATION**

Dog obedience training classes offered by the Greenwood Dog Training School involve group training of dogs. Dogs attending classes are typically untrained and unfamiliar to other dogs, owners, and school personnel. Risk of injury or other damages resulting from dog bite, dog play, and/or other dog interaction is inherent in this activity.

I hereby agree to make no claim or demand of any kind against the Greenwood Dog Training School, its owners, agents, and employees for any injury or damage sustained by myself, my child, or my dog, arising out of or in conjunction with attendance at dog obedience training classes or other functions at the Greenwood Dog Training School and/or surrounding areas, and I expressly assume the risk of any such injury or damage.

Further, I agree to indemnify and hold harmless the owners of Greenwood Dog Training School from any and all losses, claims, or liabilities which they may sustain or become subject to arising out of or relating in any way to any action of my dog.

*We encourage you to observe a class & carefully read the course descriptions to be sure the course you are signing up for best fits your needs. The tuition fee reserves your spot for the entire course. Withdrawal from the class must be made 48hrs before the course begins in order to get a refund. If you must switch from one course to another, you must discuss that with Susan directly, at least 48 hours prior to the start of the original course start date.*

I am aware and agree that Greenwood Dog Training School or its authorized photographer may take photographs and/or video of me, my family, guests, and my dog(s) for Greenwood Dog Training School's use in promotional materials including, but not limited to, printed material, websites, press releases, and fliers.  
(If you wish to opt out, please initial here: \_\_\_\_\_)

\_\_\_\_\_  
Signature of Owner(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Owner(s)

\_\_\_\_\_  
Signature of other adult(s)  
attending training classes

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed names of other adult(s)  
attending training classes

Send this form, a copy of your dog's vaccination record, and payment (unless you have paid online) to:

**Mailing address:** Greenwood Dog Training School, 248 Marlborough Rd, Kennett Square, PA 19348

**Training addresses:** Crest View Animal Hospital 1928 Newark Rd., Lincoln Univ, PA 19352  
Camp Bow Wow 7 London Way, Avondale, PA 19311

**Contact Susan Greenholt:** Suegsd3@aol.com or (302) 559-5233