

Training Enrollment Form+

Owners Name: _____ Dogs name _____

Address: _____ Phone _____

Veterinarian: _____

Please bring proof of vaccines if not Gentle Healer client/patient

Date of Rabies: _____ Distemper: _____ Bordetella: _____

This agreement releases The Gentle Healer Pet Clinic, their officers, owners, employees, agents and associates from all liability relating to injuries that may occur during canine training. By signing this agreement, I agree to hold The Gentle Healer Pet Clinic entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.

*I also acknowledge the risks involved in canine training. I swear that I am participating voluntarily.

By signing below, I forfeit all right to bring a suit against The Gentle Healer Pet Clinic, their officers, owners, employees, agents and associates for any reason. In return, I will receive participation in activity. I will also make every effort to obey safety precautions.

I, _____, fully understand and agree to the above terms

Signature _____ Date _____

Class fees are due 7 days prior to session start date. Puppy K \$65

The following payment types accepted: cash and check

All checks should be made out to Julie Lohman.

Office use only : payment type _____ check# _____ Session _____ VX Rec. _____