

# Well Mannered Mutts - Dog Training Class Registration

\_\_\_\_\_ cash  
\_\_\_\_\_ check

Date of class: \_\_\_\_\_ Location \_\_\_\_\_

**Please Print**

\_\_\_ Puppy \_\_\_ Family dog I \_\_\_ Family Dog II \_\_\_ CGC \_\_\_ Other \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone #s: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency name & Number: \_\_\_\_\_

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

Breed or Mix: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Neutered \_\_\_ Spayed \_\_\_ Intact\*\*\* \_\_\_\_\_

**Has your dog shown any aggressive behavior towards people or other dogs? \*\***

**Yes \_\_\_ No \_\_\_** If yes, a group class may not be appropriate for you and your dog. Please notify the instructor before attending class with your dog. A one-on-one training session may be more appropriate for your situation.

Is your dog current on all vaccinations? Yes \_\_\_ No \_\_\_\*

\*Puppies must have completed at least 2 rounds of the puppy vaccination series. If your puppy is not fully vaccinated, Please contact the instructor prior to attending class.

\*\*Dogs participating in the Beginning level class must be current on vaccinations including rabies.

\*\*\* If your dog is *Intact* and older than 10 months of age, please inform the instructor prior to attending class.

**Please send a check in the amount of \_\_\_\_\_ to:**

**Sallie Palmer  
3401 Deerwood Dr.  
Ukiah, CA. 95482**

Please bring your dog, collar, leash and soft treats to the first night of class. For more information or questions call 707-463-3647 [wellmanneredmutts@gmail.com](mailto:wellmanneredmutts@gmail.com)



**Please sign second page**

**SALLIE PALMER-WELL MANNERED MUTTS DOG TRAINING**  
**Release and Indemnification Agreement**

I \_\_\_\_\_, acknowledge that I am participating voluntarily in the services provided by **Sallie Palmer** and that I will be participating in activities and classes where other dogs and their owners are present.

**Assumption of Risk**

I agree to assume all risks, be they known or unknown, associated with participation in the classes/ activities and sessions given by SALLIE PALMER.

**RELEASE**

As consideration for being permitted by SALLIE PALMER to participate in her dog training programs, I agree that I, my assignees, heirs, guardians, agents and legal representatives will not make a claim against, sue or attach the properties of the PALMER family, or her employees, volunteers, agents, representatives, successors, assigns, independent contractors, subcontractors(hereinafter, this group of released persons and entities shall be referred to collectively as **Sallie Palmer Well Mannered Mutts dog training.**) for personal injury, economic injury, property damage, or wrongful death resulting from the negligence or other act, howsoever caused, by SALLIE PALMER Well Mannered Mutts dog training as defined above or any other person.

I further hereby fully and completely release SALLIE PALMER Well Mannered Mutts dog training as defined above from all actions, claims, cause of action or demands, known or unknown, past or present, fixed or contingent, that I, my assignees, heirs, guardian, agents and/or legal representatives now have or may hereinafter have for personal injury, economic injury, property damage or wrongful death howsoever caused resulting from my participation in the programs/activities provided by SALLIE PALMER Well Mannered Mutts dog training. It is my intent to fully exempt and relieve SALLIE PALMER as that phrase is defined above, from any liability which may arise as a result of my use of the services provided by SALLIE PALMER.

**Indemnification**

I agree that in the event any claim for personal injury, economic injury, property damage or wrongful death shall be filed or prosecuted against SALLIE PALMER as defined above, by any person or entity as a result of my use of the services provided by SALLIE PALMER, I my assignees, heirs, guardians, agents and legal representatives shall indemnify and hold SALLIE PALMER, as defined above, harmless from any and all claims, cause of action, demands and liability, by whomever or whatever made or presented.

**Certificate**

I certify that my dog(s) participating in the dog training programs are healthy and have received the proper vaccinations ( Canine Distemper, Leptospirosis, Hepatitis, parvovirus and rabies.) I have informed Sallie Palmer of any and all medical conditions and behavioral conditions (aggression) that may be considered harmful or dangerous to others.

**Knowing and voluntary execution**

I acknowledge that I have carefully read this agreement and fully understand its contents. I am aware that this release of liability, an agreement indemnifying SALLIE PALMER, and a contract between me and SALLIE PALMER, which I enter into and sign on my own free Will.

**I understand that there are no refunds after the first class or for missed classes.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_