



PET-AGREE, INC. CANINE TRAINING SCHOOL

12 Donovan Rd. Candia, NH 03034
Tel. 603/483-8775 Fax 603/483-8770

GROOMING SEMINAR REGISTRATION

Person's Information:

Date _____

Name(s): _____

Address: _____ City: _____

State _____ Zip Code _____ Occupation: _____

Telephone: Home _____ Cell _____

Work _____ e-mail _____

Do you have any hearing or other physical challenges? _____

Dog's Information:

Name: _____ Breed : _____

Gender: **M F** Spayed/neutered: **YES [] NO []** Current Age: _____

Is this your first dog? **YES [] NO []** If not, describe past dog(s)-breed/type, behavior, etc. _____

Along with nail trimming, ear cleaning and brushing/de-matting we also offer *add-ons* for those of you wanting to learn and each *add-on* is priced:

- \$5.00** Nail buffing
- \$15.00** Bathing and shampooing
- \$10.00** Expressing anal glands
- \$10.00** Pad trimming
- \$15.00** Scissoring face
- Scissoring body **BY QUOTE**

WAIVER, ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS

I understand that attendance of a canine training class is not without risk to myself, members of my family or guests who may attend, or my dog, due to 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 utmost of care.

I hereby waive and release Pet-Agree Inc. Canine Training School, its owner and agents from any and all liability of any nature, for injury and or damage resulting from the action of any dog. I assume the risk of any damage or injury while attending any training session or other function for the School, or while on the training grounds or the surrounding area.

In consideration of and as inducement to the acceptance of my application for membership in this training class, I hereby agree to indemnify and hold harmless the School, its owners and agents from any and all claims by any member of my family or other person accompanying me to any session or function of the School or while on the grounds or the surrounding area thereto as a result of any action by any dog, including my own.

My dog(s) inoculation records are current and already on file with you.

My dog(s) inoculation records are attached.

I have contacted our veterinarian on ___/___/___ to fax Pet-Agree a copy of our dog's most recent inoculation record. **603-483-8770**

Signature of Owner or Authorized Agent:

_____ Date: _____