

BELLE CREEK KENNELS

29625 Munger Road, Livonia, MI 48154-6224

Phone: (734) 421-1144 Fax (734) 421-7658

ABOUT THE OWNER

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Work: _____

Cell: _____ Cell: _____

How did you learn of this class? _____

Is this your first dog? _____ Have you owned this breed before? _____

Have you trained in Basic Obedience before? _____

Do you intend to compete in Obedience Trials? _____

What would you like to learn from this class?

Are there specific problems you need to resolve?

ABOUT THE DOG

Name: _____

Age: _____ Date of birth: _____ Breed: _____

Color: _____ Weight: _____ Sex: _____ Neutered: Y N

Veterinary Clinic and phone number: _____

Date of Most Recent DISTEMPER VACCINE: _____
Date of Most Recent RABIES VACCINE: _____
Date of Most Recent PARVO VACCINE: _____
Date of Most Recent BORDETELLA VACCINE: _____
Date of Most Recent CORONA VACCINE: _____
Date of Most Recent FECAL EXAMINATION: _____

THIS DOG IS IN GOOD PHYSICAL HEALTH, IS FREE OF VERMIN AND SKIN DISEASE, IS FREE OF INTERNAL PARASITES, AND HAS BEEN APPROPRATELY VBACCINATED.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE.

SIGNATURE

DATE

CLASS PREFERRED: _____ DEPOSIT ENCLOSED: _____

ASSUMPTION TO HOLD HARMLESS WAIVER & ASSUMPTION OF RISK

I UNDERSTAND THAT ATTENDANCE AT A DOG OBEDIENCE TRAINING CLASS IS NOT WITHOUT RISK TO MYSELF, MEMBERS OF MY FAMILY, GUESTS WHO MAY ATTEND, OR MY DOG, BECAUSE SOME OF THE DOGS TO WHICH WE WILL BE EXPOSED MAY BE DIFFICULT TO CONTROL AND MAY BE THE CAUSE OF INJURY, EVEN WHEN HANDLED THE GREATEST CARE.

I HEREBY WAIVE ANY AND ALL RIGHTS OF CLAIMS FOR DAMAGES ARISING FROM INJURIES RECEIVED WHILE INVOLVED THE GROUP ACTIVITIES AT *BELLE CREEK KENNELS, INC. FROM INJURY INCIDENTAL TO THE CONDUCT OF THE ACTIVITIES OF THE CLASS AND TRANSPORTATION TO OR FROM THE PREMISES AND RELAEASE BELLE CREEK KENNELS, INC., ITS' EMPLOYEES, OFFICERS, MEMBERS, TRAINERS, AND AGENTS FROM ANY LIABILITY OF ANY NATURE, FOR INJURY WHICH I, MY FAMILY, GUESTS, OR MY DOG MAY SUFFER, INCLUDING, BUT NOT LIMITED TO ANY INJURY OF DAMAGE RESULING FROM THE ACTION OF ANY DOG OR PERSON, AND I EXPRESSLY ASSUME THE RISK OF SUCH DAMAGE OR INJURY WHILE ATTENDING ANY TRAINING SESSION, OR ANY FUNCTION AT BELLE CREEK KENNELS, INC. OR WHILE ON THE TRAINING GROUNDS OR THE SURROUNING AREA THERETO, OR INJURY INCIDENTAL TO THE CONDUCT OF THE ACTIVITIES OF THE CLASS AND TRANSPORTATION TO OR FROM THE PREMISES.*

IN CONSIDERATION OF AND AS INDUCEMENT TO THE ACCEPTANCE OF MY APPLICATION FOR TRAINING, I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS *BELLE CREEK KENNELS, INC. ITS' EMPLOYEES, OFFICERS, TRAINES, MEMBERS, AND AGENTS FROM ANY AND ALL CLAIMS BY ANY OTHER PERSON ACCOMPANYING ME TO ANDY TRAINING SESSION OR FUNCTION AT T*BELLE CREEK KENNELS, INC. BELLE CREEK KENNELS, INC. OR WHILE ON THE GROUNDS OR THE SURROUNDING AREA THERETO AS A RESULT OR ANY ACTION OF ANY DOG, INCLUDING MY OWN, OR ANY PERSON.**

SIGNATURE

DATE