Quail Creek K-9 Services

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**OBEDIENCE CLASS FORMS**

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

Which class are you attending? Puppy Basic Advanced

Owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dog’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dog’s Age: \_\_\_\_\_\_\_ Dog’s Birthday: \_\_\_\_\_\_\_\_\_\_ Sex: **M / F** Spay/Neuter: **Y / N**

Vet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vet’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration date of last rabies vaccination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration of last Distemper / DHLPP vaccination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration of last Bordetella (kennel cough) vaccination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Please bring a copy of Rabies, DHLPP and Bordetella to the first class.*

(NOTE: If you have boarded your dog with us in the past 12 months, we have your records on file.)

**This is a basic dog obedience class.**

*(This class will meet once a week for 6 one-hour sessions.)*

**Price: $130**

*Please complete the registration form and return to Quail Creek along with a $30.00 deposit to secure a spot in class. The remaining balance will be due at the first class.*

Has your dog ever bitten a person? **Y / N**

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Has your dog ever bitten another dog? **Y / N**

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list any other classes your dog has taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please select any of the problems you are currently having with your dog:

*Jumping Up Chewing*

*Pulling on the leash Housetraining*

*Barking Running Away*

*Aggression with people Stealing Food*

*or other dogs*

*Separation Anxiety Other: Please Specify Below*

*Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Waiver, assumption of risk and agreement and hold harmless:

I understand that attendance at a dog training class is not without risk to myself, members of my family, or guests who may be on Quail Creek K-9 Services premises, or to my dog, because some of the dogs to which I (we) may be exposed may be difficult to control and may be the cause of injury, when handled with the greatest amount of care.

I hereby waive and release Quail Creek K-9 Services, its employees, owners and agents from any and all liability of any nature, for injury or damage which I or my dog may suffer, including specifically, but not limited to, any injury or damage resulting from the action of any dog, and I expressly assume the risk of any such damage or injury while on the premises of Quail Creek K-9 Service of in the surrounding area.

With acceptance of my application for participation in a dog training class, I hereby agree and hold harmless Quail Creek K-9 Services, its employees, owners and agents from any and all claims, or claims by any member of my family or any other person accompanying my dog on Quail Creek K-9 Services premises or in the surrounding area as a result of any action by any dog, including my own.

I understand that there are no refunds once my class begins.

**I agree**

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