



Registration Form / Waiver

Please print this form, complete all details, and return to Good As Gold K-9 School.

Use a separate form for each dog.

Your Name: _____

Street Address: _____

City: _____ Postal Code: _____

Email: _____ Home Phone: _____

Work: _____ Cell: _____

Alternate Contact Information

Name: _____

Relation: _____

Phone: _____

Veterinarian's Name: _____

Clinic Address: _____

Phone: _____

Dog's Name: _____

M _____ F _____

Spayed/Neutered (Y/N): _____

Breed: _____ Birthdate: _____

Date of dog's last vaccination/titer (mm/yyyy): _____

Is your dog on a flea control routine (Y/N)? _____

Is your dog inoculated against kennel cough (Y/N)? _____



Does your dog have any health problems that affect his/her activity level (please explain)?

Does your dog have any aggression issues (please explain)?

Is your dog a breeding or show dog (Y/N)? _____

If not spayed/neutered do you plan on fixing your dog (Y/N)? _____

What are the most important things you would like your dog to learn?

Would you be interested in participating in canine psychology research with your dog?

(Y/N) _____

I understand that attendance to a training class or on-site event is not without risk to myself, members of my family, guests who may attend and/or my dog. I release Good As Gold K-9 School and its staff from liability for any injury, including death, and/or damage to personal property incurred to those stated above while under the instruction of or on Good As Gold property. I accept all responsibility for the actions and safety of my dog, my family and /or guests and myself. I acknowledge that canine sports require a level of health and fitness that meet the physical conditions of both my canine companion and myself.



Furthermore, I understand that restricted breeds may be involved in Good As Gold activities and I consent to the presence of these dog(s) who may be unmuzzled and/or unleashed as required by training while on the premises of the activity. I understand that this is not in contravention of the Dog Owner's Liability Act as this location is an enclosed property not open to the general public.

My signature acknowledges acceptance of all terms.

Signature: _____ Date: _____

Optional Media Release

I give my consent and approval to Good as Gold K-9 School to take and/or use any photos, videos or other media exposure of myself and/or my dog. Media may be shared with the student body (website, school postings, etc) or used to promote the sport and/or school.

Check one and initial: Yes: _____ No: _____ Initial: _____

Please print this form, complete all details and return to Good As Gold K-9 School.

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Remember to include a copy of all current vaccination/titer and kennel cough records with this completed form.

For office use only.

Initial Vaccination/Titer Info Received? Date: _____ Staff Initials: _____

Follow-up Vaccination/Titer Info? Date: _____ Staff Initials: _____

Follow-up Vaccination/Titer Info? Date: _____ Staff Initials: _____

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Follow-up Vaccination/Titer Info? Date: _____ Staff Initials: _____