

K-9 Educational Training Center of Hillsborough, Inc.

7709 Gardner Rd., Tampa, FL 33625

Phone: 813-920-9191

www.ketchdogtraining.com

FAX: 813-926-3404

Group Class and Private Lesson Registration Form

Owner's Name _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Work Phone** _____

Cell Phone _____ **Email** _____

Dog's Name _____ **Breed** _____ **DOB** _____

Registering for: (Circle one) **Group Class** or **Private**

Class Title _____ **Class Date** _____ **Time** _____

Referred by: _____

Below is a list of vaccinations required to attend KETCH. Owner must provide a copy of the dog's current vaccinations. Rabies, parvo, distemper bordetella. (5 day waiting period on nasal bordatella)
Negative fecal and heartworm test with in one year.

Veterinarian's Name _____

Clinic Address _____ **Phone** _____

Waiver, Assumption of Risk and Agreement to Hold Harmless

I hereby waive and release K-9 Educational Training Center of Hillsborough, Inc. (KETCH) and Canine Sports Corporation (CSC), their employees, officers, directors, and representatives as well as property owners from any and all liability of any nature, for injury or damage which I or my dog may suffer, including specifically, but not without limitation, any injury or damage resulting from the action of any dog or other person; and I expressly assume the risk of any such damage or injury while attending any function of KETCH or CSC or while on the training grounds or surrounding area thereto.

In consideration of and as inducement to the acceptance of my participation in any event, I hereby agree to indemnify and hold harmless KETCH and CSC, their employees, officers, directors, and representatives as well as property owners from any and all claims, or claims by any member of my family or any other person accompanying me to any event or function of KETCH or CSC, while on the grounds or the surrounding property thereto as a result of any action by any dog, including my own, or any person.

I understand that attendance at a dog function is not without risk to myself, members of my family or guests who may accompany me, or to my dog, because 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 greatest of care. In event my dog causes injury to myself, or any other person or dog, I will reimburse person or dogs owner immediately after receiving the bill.

Any dog that becomes aggressive or disruptive towards other dogs or people will be asked to leave the property.

I understand that training fees are non-refundable. I have read and understand all of the above.

Signature _____ **Date** _____

To register for class by mail:

Send completed form, copy of vaccination records and payment to the address above.

Office use only
Amount Paid \$ _____ **Date received** _____ **cash** _____ **or check #** _____

KETCH has the solution! Problem solving is our specialty!