



K9 Kaos
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 www.k9kaos.com

<p style="text-align: center;"><i>Office Use Only:</i> Puppy-K - Basic - Combo Agility 2 - CGC <i>circle one</i></p> <p>Class Start Date: _____ Deposit Paid: _____ Vaccines: Rabies</p>
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Please include a \$60 non-refundable deposit, along with a copy of your dog's vaccination records and this application. Six week classes are \$120 - Four week classes are \$80. CGC class is 5 weeks - cost is \$100 including test.

Your Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ EMail Address: _____

Dog's Name: _____ Breed: _____ Sex: _____ Age: _____

Vet: _____ Vet Phone: _____

Have you previously attended obedience classes?: _____ If Yes, when/where?: _____

Please indicate the level of class that your dog attended last: _____

Please state briefly any problems which may have brought you to class: _____

How did you hear about this class: _____

PLEASE READ: Dogs must be in good physical health to participate in obedience classes. Females in season can not attend. All dogs must have current rabies vaccines on file at K9 Kaos. If your dog does not already have their vaccination records on file, please attach proof of vaccinations to this registration form. Deposits are non-refundable. Cancellations due to inclement weather will be added on to the end of each session. Please allow for flexible scheduling.

WAIVER, ASSUMPTION OF RISK, AND AGREEMENT TO INDEMNIFY AND HOLD HARMLESS

I understand that attendance at a dog service facility is not without risk to my dog/s, myself, members of my family or guests who may attend. Any dog/s to which I (we) may be exposed may be difficult to control and may be the cause of injury even when handled with the greatest amount of care.

I understand that my dog/s will participate in a group training program. I understand that even with extreme care in choosing groups and monitoring sessions, that injuries can happen. I hereby agree to indemnify and hold harmless K9 Kaos, LLC, its employees, owners, agents, and other dog owners from any and all claims, or claims made by any member of my family or any other person in relation to any and all injuries that may occur.

I hereby waive and release K9 Kaos, LLC, its employees, owners, and agents from any and all liability of any nature, for injury or damage which I or my dog/s may suffer, including specifically, but not without limitation, any injury or damage resulting from the action of any dog/s, including my own. I expressly assume the risk of any such damage or injury while attending any daycare, grooming, training program, or other function of K9 Kaos, LLC, or while on the grounds or the surrounding area.

If my dog/s becomes ill or injured, I hereby waive and release agents for K9 Kaos, LLC, its employees, owners, and agents from loss or damage from disease, death, escape, theft, fire, injury, injury to persons, other dogs or property by said dog/s, or other unavoidable causes.

I represent that I am the legal owner of said dog/s, that title to said dog is not mortgaged in any way, and that said dog/s has not been exposed to distemper, rabies, canine cough, parvovirus, or other known contagious diseases within the last thirty days. I also attest that said dog/s is free of worms, heartworm, and fleas.

I agree to all of the above and that this contract is in effect beginning on the date below and shall remain in effect on all future dates that said dog/s attends daycare, grooming, training or any other K9 Kaos, LLC function.

Signature of owner/s _____ Date _____

Signature of owner/s _____ Date _____