



Blue Mountain Veterinary Services

728380 21st Sideroad, Clarksburg, Ontario, N0H 1J0
519.599.7777 www.bluemountainvet.ca

Active K9 Solutions

**Puppy & Play, Puppy Essentials, Basic Essentials, K9 Sport
Foundations, Active Agility & Frisbee Fitness Classes**

TRAINING REGISTRATION AND WAIVER OF LIABILITY

PERSONAL INFORMATION

Name 1: _____ Name
2: _____

Phone 1: _____ Phone
2: _____

Mailing/ Street address:

City/Prov/Postal:

E-mail:

Spouse/Partner: _____ Phone:

Other family
members _____

How did you hear about us? _____

PET INFORMATION

Name: _____ Birthday:

Gender: Male Female Spayed/Neutered Breed:

Weight: _____



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Tattoo/chip:

Where and from whom did you get your dog?

Current

Veterinarian: _____

I give permission for Blue Mountain Veterinary Services to contact my previous or current veterinarian to obtain medical records: Yes No

Pet insurance: Yes No Pet insurance information: _____

Dog license: Yes No ID tag: Yes No

Please list any past or present health conditions:

Medication: Yes No If yes, explain...

Does your dog have fears? : Yes No If YES, describe:

Has your dog ever been in heat, if so how many times?

Does your dog go to: Work: Yes No Daycare: Yes No

Professional dog walks: Yes No

Does your dog exhibit behavioural issues: _____

What SPECIAL PROBLEMS does your dog exhibit (i.e. fear, aggression, possessive, guarding, etc.)? _____



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Has your dog bitten? ____ If yes, how many dogs? ____ How many people? ____ Let us know any specific details:

Has your dog been to a training class before? Yes No If YES, with whom, where and when?

What are your expectations for this training session?

LIABILITY RELEASE

I understand that once the dog training classes for which I registered have begun, there is no refund of any kind should I be unable to complete the classes. Classes are only refundable until one week prior to start date. Enrollment is done on a “first come, first served” basis. Class fees are due in full with a completed registration form and vaccine certificate prior to the first class of the session. Blue Mountain Veterinary Services has the right to deny attendance for me and/or my dog at any time for any reason including but not limited to behavior, health, or other considerations. _____ **Please Initial**

Dogs must be up to date on distemper, rabies and Bordetella (kennel cough) vaccinations and on a parasite prevention program, including flea and tick control. I certify that my dog(s) who will be attending training sessions is/are up to date on all vaccinations and I have received the consent of my veterinarian for my dog to attend training/classes if there are any required health conditions (i.e. lameness or medications) which might interfere with my dogs ability to participate.

_____ **Please Initial**

I understand that participating in dog obedience training class/sessions, is not without risk to myself, members of my family or guests who may attend, or 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 amount of care. If your dog is in heat we'll have to ask that you do NOT bring her to training as it could pose a risk for her or other dogs participating. _____ **Please Initial**



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I understand that the degree to which a dog is successfully trained is a function of the interest, commitment, and cooperation of the owner. I acknowledge and agree that there is no guarantee that my dog will achieve the desired level of training despite the best efforts of the instructor.

_____ Please
Initial

I hereby waive and release Blue Mountain Veterinary Services, its employees, owner 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 without limitation, any injury or damage resulting from the action of any dog, and I expressly assume the risk of any such damage or injury while attending any training sessions or other functions of the class, or while on the training grounds or the surrounding area thereto.

_____ Please
Initial

Dated this ____ day of _____, 20__

Owner Signature:

_____ Print: _____

PHOTO RELEASE

I give my permission for Blue Mountain Veterinary Services, and its instructors to use any photos taken at class of me and/or my dog(s) on the Blue Mountain Veterinary Services website or promotional materials/social media.

_____ Please Initial