

- 🐾 Canine Manners
- 🐾 Puppy Training
- 🐾 Behavioral Training
- 🐾 Private Sessions
- 🐾 Day Training

APPLICATION REGISTRATION FORM

My Dog, LLC
 413-256-3647 (DOGS)
mydogtraining@aol.com
www.mydogtraining.net
 Amherst, MA area

1ST Session (date & time): _____
 Location: _____

Owner: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone Number: Home: _____ Work: _____ Cell: _____
 E-Mail Address: _____

How did you hear about My Dog, LLC? _____

🐾 Pet Information 🐾

Name: _____ Breed (s): _____
 Age: _____ Sex: _____ Spayed? /Neutered? Yes No

How long have you had your dog? _____
 Does your dog have any physical limitations or conditions that would prevent your dog from safely participating in normal canine activities? If so, please explain: _____

Does the owner or handler have any physical limitations I should be aware of? If so, please explain: _____

Why did you choose this dog? _____
 Have you trained dogs before? If so, what type of training? _____
 Why did you decide to seek training and what are your goals? _____

Please list any specific issues you are having with your dog: _____

Please state whether your dog has ever exhibited any aggressive behavior towards people, dogs or other animals, and if yes, explain fully: _____

Additional information My Dog, LLC should know: _____

There shall be no refunds of any amounts paid to My Dog, LLC. The undersigned, on behalf of himself/herself, on behalf of any and all other owners, and on behalf of any and all participants authorized or permitted by the undersigned to attend any classes, agrees to defend, indemnify and hold harmless My Dog, LLC, its staff, volunteers, owners, and agents from all liability and damages, including, without limitation, liability and damages, for any claim, loss or injury which may occur or may be alleged to have occurred to any persons, animals, or property arising from or related to the training or classes.

I hereby certify that the entered/registered dog is not a hazard to persons, dogs, other animals or property and that the entered dog's rabies and other vaccinations are current in accordance with the requirement(s) of the state in which the dog resides.

 Signature

 Date

Mail with payment to: My Dog, LLC, 76 Memorial Drive, Amherst, MA 01002