

TRAINING APPLICATION

HANDLER INFORMATION (PLEASE PRINT)

NAME _____
FIRST LAST

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PHONE NO. _____ REFERRED BY _____
HOME WORK

INSURANCE CARRIER (HOMEOWNERS) _____ POLICY NO. _____

DOG INFORMATION

BREED _____ SEX MALE FEMALE

CALL NAME _____

DATE OF BIRTH (AGE) _____ CHECK IF APPLICABLE SPAYED NEUTERED

CHECK THE BOX(ES) PERTAINING TO ANY PROBLEM(S) YOU ARE PRESENTLY EXPERIENCING WITH YOUR DOG:

- | | | | |
|---------------------------------------|---|--|--|
| <input type="checkbox"/> BARKING | <input type="checkbox"/> DOG AGGRESSIVE | <input type="checkbox"/> DESTRUCTIVE CHEWING | <input type="checkbox"/> FEARFUL OR SHY |
| <input type="checkbox"/> BITING HANDS | <input type="checkbox"/> HOUSE TRAINING | <input type="checkbox"/> DOESN'T TRAVEL WELL | <input type="checkbox"/> JUMPING UP |
| <input type="checkbox"/> BITING LEAD | <input type="checkbox"/> RUNNING AWAY | <input type="checkbox"/> UNABLE TO GROOM | <input type="checkbox"/> OTHER (EXPLAIN BELOW) |

LIST ALL APPLICABLE VACCINATION DATES BELOW

DA2PPv _____	RABIES _____	FECAL _____
DHPPv _____	BORDATELLA _____	HEARTWORM TEST _____
LEPTO _____	K9 INFLUENZA _____	HEARTWORM MEDS _____
CORONA _____	LYME _____	

VETERINARIAN INFORMATION

NAME OF VETERINARIAN _____
FIRST LAST

CLINIC ADDRESS _____
STREET CITY STATE ZIP

LIST ANY MEDICAL PROBLEMS YOUR DOG HAS BELOW

MISCELLANEOUS INFORMATION

HAVE YOU EVER OWNED A DOG BEFORE? YES NO IF SO, HOW LONG? _____

HOW LONG HAVE YOU HAD THIS DOG? _____

HAVE YOU EVER TRAINED A DOG BEFORE? YES NO IF SO, WHEN & WHERE? _____

LIST ANY PHYSICAL PROBLEMS THAT YOU HAVE THAT WILL REQUIRE SPECIAL ATTENTION: (E.G., HEARING, EYESIGHT, ETC.)

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

I understand that attendance of a dog obedience training class is not without risk to myself, members of my family, my dog, or guests who may attend. Some of the dogs to which I will be exposed may be difficult to control and may be the cause of injury, even when handled with the greatest amount of care. Disclaimer due to insurance carrier requirements the following dogs must be excluded from class

1. Pure bred terriers commonly known as "pit bull" dogs including, but not limited to, Staffordshire Terriers, Staffordshire Bull Terriers and/or American Pit Bull Terriers.
2. Pure bred Doberman Pinschers, Rottweilers, Chows, and, Presa Canarios dogs.
3. Pure bred or hybrid canines with 25% or more of their ancestry traceable to coyotes (Canis Latrans) or wolves (Canis lupus).
4. Canines that have been trained to guard or attack people, property or other animals.
5. Canines that have been bred or trained as fighting animals.
6. Any canine that has a history of one or more attacks on people, property or other animals that is verifiable from insurance claims records, police or public record sources.
7. Any dog that has not had inoculations as required by law.

I hereby waive and release Adelshire Training, Maria J. Allio 2934 NY Rt. 26 South, Vestal, New York 13850, Tractor Supply Plaza 154 Vestal Parkway West, Vestal New York 13850, Weat Endicott Fire District Station #1, 113 North Page Avenue, Endicott, New York 13760.

Its employees and members hereinafter referred to as the Training Organization, from any and all liability of any nature, for injury or damage that my dog or I may suffer; including specifically, but without limitation, any injury or damage resulting from the action of any dog. I expressly assume the risk of damage or injury while attending any training session(s) or any other function(s) of the Training Organization; or while on the training grounds or the surrounding areas thereto.

In consideration of and as inducement to the acceptance of my application for training membership, I hereby agree to indemnify and hold harmless this Training Organization, its employees and members, from any and all claims by any member of my family, or any other person(s) accompanying me to any training session(s) or function(s) of the Training Organization; or while on the grounds or the surrounding areas thereto, as a result of any action by any dog including my own.

Signature of Owner: _____ Date: _____

