



Obedience Training

Instructor: Daniel Ortiz

678-759-1685

*Please bring an up to date vaccination record from your veterinary office before bringing your pet to the Paw Pad to ensure the health of staff and other pets that may be in the facility. Required vaccines are rabies, dhpp, and bordetella. The bordetella vaccination must be given 5 days prior to the first class. Canine influenza is strongly recommended.

Private Class

Group Session

Start date: _____

Day & Time: _____

Length of 1 session: Approximately 1 hour

Number of weeks: 6 weeks (1 session per week)

Cost: \$120.00/1 dog, 2nd dog \$100.00

*Complete this form and return with payment to the Paw Pad to enroll. Refunds are not given once classes have begun.

Owner's name: _____ Phone number: _____

Address: _____

Email: _____

Dog's veterinary clinic: _____

Dog's name: _____ Breed: _____

Age: _____ Birthday: _____ Color: _____ Weight: _____

Please circle: male/female

Is your dog spayed or neutered? Y/N

How long have you owned pet? _____

Has your dog ever bitten another dog? Y/N

Another person? Y/N

If you answered yes to either of the last two questions please explain

What are your main goals for attending obedience classes?

Please sign below indicating your agreement with the following terms:

I hereby release The Paw Pad, its employees, officers, subcontractors, animal owners, customers and potential customers, of The Paw Pad from any and all liability for injuries or illness to myself, my pet, or my property, which arise in any way out of services provided by or as a consequence of my association with The Paw Pad. I understand that there are certain risks involved with pet ownership, training, and care including, but not limited to, fights, bites, and the transmission of disease. I know and understand that my pet must be current on all required vaccinations before he or she can enter into the facility for any training. By my signature below, I acknowledge and accept responsibility for these and all other risks and release The Paw Pad from any injuries or illness that might occur, no matter the cause. I agree that the information I have given is accurate to the best of my knowledge. This agreement lasts the entire relationship between me and The Paw Pad.

Owner's Name (Please print): _____

Owner's Signature: _____

Second Owner's Name (Please print): _____

Second Owner's Signature: _____

Today's Date: _____ Trainer: _____