Registration form for BOTC Classes

Mail completed application plus non-refundable deposit of $30 to:
Hilaire Thomas, 8 Pinehurst Drive, Jericho, VT 05465

Day of week: _____
Class name: _____
Time: _____ Start date: _____

Owner/Trainer Information	Dog Information
Name:	Dog's Name:
Address:	Breed: Age:
City: State: Zip:	Sex: Spayed/Neutered?
Phone:	Does your dog have any physical problems or disabilities which may affect his training?
Email:	
Have you trained a dog before: Yes / No	

Common problems: To help us better serve you, please indicate any of the following common problems you may be experiencing with your dog.

Jumping ____ Barking _____ Biting _____ Growling _____ Chewing on hands _____

Stealing food _____ Runs away or fails to come when called _____ House soiling _____

Other: _____

_____

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, or quests who may attend, or my dog, because some 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. I hereby waive and release Burlington Obedience Training Club, hereinafter referred to as the "Training Organization," it's employees, officers, members 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 such damage or injury while attending any training session, or any other function, of the Training Organization, or while on the training grounds or the surrounding area thereof. In consideration of and as an inducement to the acceptance of my application for training membership by the Training Organization, I hereby agree to indemnity and hold harmless this Training Organization, it's employees, officers, members and agents from any and all claims or claims by any member of my family or any other person accompanying me to my training sessions or function of the Training Organization, or while on the grounds or surrounding area thereto as a result of any action by any dog, including my own.

SIGNATURE of OWNER or AUTHORIZED AGENT _____ DATE _____

Note: All dogs must be up to date on shots per your Veterinarian. All dogs must be current on Rabies vaccine.