



Training Class Registration Form

To insure space in a class, fill in the form email it or drop it off with the staff at DHI or mail the form to The Dog House Inn. For future information speak with the staff or call (408) 842-5600. You will also need to provide a current health certificate for your dog(s).

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Cell number: _____

Email: _____ Starting Date of Class: _____

Puppy (\$150) _____ Beginning 1 (\$150) _____ Beginning 2 (\$160) _____

Intermediate (\$160) _____ Leash Monsters (\$200) _____

Age of Dog: _____ Sex of Dog: _____

Breed of Dog: _____ Neutered/Spayed: _____

Rabies Vaccination date: _____ DHPP Vaccination Date: _____

Bordatella (Kennel Cough) Date: _____

At what age did you get this dog? (as a puppy, adopted, etc...) _____

Waiver of Liability

I, the undersigned, certify and represent that the dog named below has been vaccinated on the dates set forth above and is not a hazard to person(s) or other dogs. Further, I agree to hold the Dog House Inn and their respective representatives harmless from any claims or loss or injury, to my dog, myself and/or any of my guests, alleged to have arisen from attendance at these classes. I assume all responsibility for my dog, myself, guest(s) and children. I understand payment for classes is due at first class, there are no pro-rated fees, and no refunds. Transfers to other sessions may be considered. I have read the conditions of this waiver and agree to abide by the policies of the class and instructors.

Signature: _____ Date: _____

Instructor's Use Only:

Pd: _____ Cash _____ C C _____ To TDHI _____ To Instructor _____