

# RETRIEVE CLASS REGISTRATION

Every { dog  
problem  
owner  
situation  
solution } is *different*.

**So is our approach to training.**

**We know dogs.**

Date of first class: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

How did you get your dog? \_\_\_\_\_

Date of assessment visit: \_\_\_\_\_

Prior programs at Extreme K-9:  Residency  Boarding  Group Obedience  E-Collar  Private Lessons

Previous Training: \_\_\_\_\_

Referred by: \_\_\_\_\_

Medical Records:  Rabies  Bordetella  Normal Vaccinations

Sex:  Male  Female  Spayed or Neutered

## OFFICE USE ONLY


Payment:  Cash  Check # \_\_\_\_\_ Amount: \_\_\_\_\_

Equipment Purchased:  Treat Bag  Leash Amount: \_\_\_\_\_

Notes:



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# CLIENT LIABILITY RELEASE



I, \_\_\_\_\_, recognize that working with canines may potentially pose a physical risk and I fully acknowledge and assume that risk. Although EXTREME K-9 has taken all reasonable measures to protect me and my canine(s) from accidents and injuries associated with my participation in its training programs, the risk of injury may still occur. Therefore, being fully apprised of the inherent risks involved in working with canines, I hereby completely release and hold harmless EXTREME K-9 from any and all claims and/or causes of action that I may have relating to or arising from any injury or damage that I, my canine(s) or any of my personal property should sustain while in participation with EXTREME K-9 training programs or while on EXTREME K-9 property or the owners, lessees or renters of any property where training classes may be conducted. I further agree to hold harmless any instructor, employee, volunteer, agent, or independent contractor, working with or on behalf of EXTREME K-9 as well as any other participants involved in training programs with EXTREME K-9.

Although EXTREME K-9 has a proven method and record of its training techniques, no assurances or guarantees are made as to the level and extent your canine will adapt and adhere to behavior modifications, training responsiveness and retention. Results depend on the temperament of the dog and accuracy, continuity and consistency of training reinforcement.

As a client, I understand and agree to adhere to the policies and procedures of EXTREME K-9 and its training methods and protocols. I understand that the EXTREME K-9 program recommends continued education and training sessions to reinforce the behavior modification training techniques. I understand that as part of the success of EXTREME K-9's program is based upon the owner or primary caregiver continuing with ongoing training lessons for a period of time beyond the initial sessions. I further understand that my training sessions may be terminated for any reason including, but not limited to, a violation of any EXTREME K-9 policy or procedure.

This Release terminates all prior agreements, written or oral, between EXTREME K-9 and me. I acknowledge that no prior representations made whether written or oral, subsequent to the Release will alter the terms and conditions of this Release.

If any provision or portion thereof, set forth herein are deemed by a court or other appropriate tribunal having competent jurisdiction, to be unenforceable or unreasonable as to scope, activity, territory, or duration or in any other respect, then such court or tribunal may modify such unreasonable or unenforceable provision or any portion thereof, as said court or tribunal deems necessary and the unaffected provisions herein shall remain in full force and binding on the parties.

**CLIENTS ARE NOT TO APPROACH, TOUCH AND/OR PROVOKE ANY ANIMAL ON THE PREMISES OF EXTREME K-9. CLIENTS ARE RESTRICTED FROM INTERACTION WITH ANY ANIMAL UNLESS ANIMAL AND CLIENT ARE UNDER DIRECT GUIDANCE OF AN EXTREME K-9 CERTIFIED TRAINER.**

I hereby declare that I am of legal age and competency to sign this Release and I understand the provisions contained herein.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

I am the parent or guardian of the above, who is a minor. I have read this Release, I understand its contents and I have made my child aware of its contents. I hereby give my consent.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Revised 4/11/12