

Group Class Registration

Please fill out the sections below, sign the bottom of the form, and mail to the above address along with your registration fee. If this is your first time training with See Spot Sit, LLC, please also fill out and send in the behavior survey on the next page.

Your name: _____ Ph (home): (_____) _____

Address: _____ Ph (w / c): (_____) _____

City/Zip: _____ e-mail: _____

Dog's name: _____ Breed: _____ DOB: _____ Sex: M F Neutered? Y N

Please indicate which class you are registering for:

Class: _____ Day/Time: _____ Start Date: _____ Fee: _____

Cancellations made at least 48 hours prior to the first class of the session will receive a full refund. Cancellations made between 48 hours prior to the first class of the session and the first class of the session will receive a 50% refund. No refunds of class fees will be made after the session begins. There is a \$35 fee for returned checks.

Health Check Requirements

If you have attended classes at See Spot Sit, LLC within the past 6 months, you do not need to fill out this section again.

You may have your vet fill out and sign the section below, **-or-** you may submit printed receipts from your vet showing the appropriate information. ***Dogs without proper health certification will not be admitted to class. No exceptions.***

Item	Date administered:	Required?	within past:
Annual exam		REQUIRED	12 months
DA ₂ PP vaccine		REQUIRED	3 years
Rabies vaccine		REQUIRED	3 years
Stool check		REQUIRED	6 months
<i>Bordetella vaccine</i>		<i>recommended</i>	<i>6 months</i>

Any chronic health issues (e.g. dysplasia, seizures): _____

I have examined the above named dog and found it to be in good health and free of external parasites.

Vet signature or stamp: _____ Date: _____

Printed name: _____ Phone: (_____) _____

Assumption of Risk, Limitation of Liability, Indemnification and Release

This section must be signed by you in order to train your dog with See Spot Sit, LLC. Your registration cannot be processed without your signature.

- (i) Trainee acknowledges and agrees that neither See Spot Sit, LLC (“Trainer”), nor any of its employees, members or agents, shall be held liable for any damages (incidental, consequential and/or special), losses, injuries, claims, negligence, harm, financial loss, sums of money, attorneys' fees, costs and/or any causes of action (hereinafter “Damages”) associated with the instruction, consultation and training services as may be associated with and/or contemplated by the sessions in which Trainee is participating with his/her/their dog.
- (ii) Trainee acknowledges that training, consulting and instruction (including behavior modification) is an inherently dangerous activity and therefore agrees that he/she/they are aware of, and do hereby assume, all risks associated with the instruction, consultation and training, including but not necessarily limited to any dog bites or attacks to any person or property during a session or at anytime thereafter.
- (iii) Trainee hereby agrees to indemnify and hold harmless Trainer, and its employees, members and agents against any Damages resulting from claims made by any third party due to any actions of Trainee's dog, including but not necessarily limited to any bites or attacks.
- (iv) Trainee agrees to release and hold harmless Jennifer Lund, individually, from any and all Damages associated with her being the instructor and owner/landlord of the premises utilized by Trainer.

Signature: _____ Date: _____

Behavior Survey

Where did you get the dog? Breeder Shelter/Rescue Newspaper Friend Pet Shop Other: _____

Age when obtained: _____ Previous training: _____

When your dog meets people, he is generally: friendly aloof/reserved timid/shy aggressive

How many hours is he alone each day? _____ Do you use a crate? _____ sleeping not home other

How many hours alone outside? _____ fenced yard electronic fence kennel tie-out

How many minutes of exercise per day? _____ What type of exercise? _____

Please indicate how often each of the following behaviors occurs:

Behavior	Daily/Often	Sometimes	Rarely	Never	Don't Know	Behavior	Daily/Often	Sometimes	Rarely	Never	Don't Know
Urinate in house						Mouthing / biting during play					
Defecates in house						Mounds family members					
Urine marking						Mounds strangers					
Submissive urination						Guards food bowl					
Inappropriate chewing						Guards bones or toys					
Excessive barking in the house						Guards other objects					
Excessive barking outside						Guards couch or bed					
Chews / destructive when alone						"Guards" family member					
Barks / howls when left alone						Aggressive toward family members					
Anxious when left alone						Aggressive toward strangers					
Digs						Aggressive toward children					
Eats dirt or stool						Aggressive toward other dogs					
Jumps up on people						Doesn't like being touched					
Jumps up on furniture						Doesn't like being groomed					
Jumps on counters / tables						Doesn't like being restrained					
Gets into trash						Shy or fearful of strangers					
Steals food						Shy or fearful of children					
Steals other objects						Shy or fearful of other dogs					
Doesn't obey commands						Fearful of noises					
Won't come when called						Other fears:					
Runs away						Generally timid, nervous or anxious					
Chases bikes / cars						Grooms self excessively					
Chases people / joggers						Chews tail or paws					
Chases animals						Other:					
Generally wild / unruly						Other:					

Has your dog ever bitten or snapped at a person or another dog? _____ If yes, how many times has he bitten? _____

Please describe the circumstances:

Is there anything else you think we should know about you, your family, or your dog?