

Special Class Registration

Please fill out the section below, sign the bottom of the form, and mail to the address below along with your registration fee. Classes are filled on a first-come, first-served basis as registrations are *received*. **This form and your fee must be received to hold a place in class.** If you do not have all of the health certification information available right now, you can send in this registration form and the fee now to reserve a place, and bring the health certification to the orientation.

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:

_____ See Spot Sniff (\$150) Session: _____ Day/Time: _____ Start Date: _____

_____ Therapy Dog (\$100) Session: _____ Day/Time: _____ Start Date: _____

New students:

1. Fill out the behavior survey on p. 2 and return with this registration form.
2. Have your veterinarian fill out the health certification on p. 3 (or submit appropriate receipts) and either return with this registration form or bring to your first class.

Cancellation Policy

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.

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, volunteers, 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 any time thereafter.

(iii) Trainee hereby agrees to indemnify and hold harmless Trainer, and its employees, volunteers, 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 Waredaca, LLC, its employees, members and agents, from any and all Damages associated with being owner/landlord of the premises utilized by Trainer.

Signature: _____ Date: _____

Mail this form to: 22822 Howard Chapel Rd., Brookeville, MD 20833-1218

NOTE: This is NOT the class location. Please see <http://www.see-spot-sit.com/directions.html>

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
Urinates 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					
Barks/howls when left alone						"Guards" family member					
Chews / destructive 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 nervous or anxious					
Chases bikes / cars						Grooms self excessively					
Chases people / joggers						Chew 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?

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Group Class Health Certification

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. Mail the completed form or receipts to the address below, or bring it with you to the orientation. ***Dogs without proper health certification will not be admitted to class. No exceptions.***

Your name: _____ Dog's name: _____

Item	Date administered:	Required?	Within past:
Vet exam		REQUIRED	12 months
DAP vaccine		REQUIRED	3 years
Rabies vaccine		REQUIRED	3 years
Stool check		REQUIRED	6 months
Bordetella vaccine		<i>recommended</i>	<i>6 months</i>

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

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

Vet signature or stamp: _____ Date: _____

Printed name: _____ Phone: (_____) _____

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