



Where your dog can become a star!

310B School Street
Acton, MA 01720
978-429-8396
info@DogStarActivityCenter.com

Class: _____

Day/Date/Time: _____ Class Fee: _____

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City/State/Zip: _____ Cell Phone: _____

Email: _____

Occupation: _____ Where did you hear about us? _____

Dog's Name: _____ Date of Birth: _____ Breed: _____

Sex: M / F Spayed/Neutered: Y / N Is your dog friendly with people? Y / N Is your dog friendly with other dogs? Y / N

Veterinarian: _____ Vet Phone: _____ Rabies Exp: _____ Tag#: _____

What brand of dog food do you feed your dog? _____

Where did you obtain your dog? _____

Is this your first dog? Y / N Is your dog housetrained? Y / N Crate trained? Y / N

Have you trained a dog before? Y / N When and where? _____

Does your dog have any physical problems? _____

Does your dog have any problems you would like to discuss with a trainer? _____

WAIVER, ASSUMPTION OF RISK, AND AGREEMENT TO INDEMNIFY AND HOLD HARMLESS

I understand attendance in a dog training class is not without risk to myself, members of my family or guests who may attend or to my dog because some dogs to which I (we) will be exposed may be difficult to control and may be the cause of injury even when handled with the utmost care. I hereby waive and release DogStar Activity Center 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 to, any injury or damage resulting from the action of any dog, and I expressly assume the risk of any such damage or injury while attending any training session or other function organized by DogStar Activity Center while on the training grounds or the surrounding area. I hereby agree to indemnify and hold harmless DogStar Activity Center from any and all claims, or claims by any member of my family or any other person accompanying me to any training session or other function organized by DogStar Activity Center while on the grounds or the surrounding area as a result of any action by any dog, including my own.

I understand that my payment with my application will hold my place in class. I understand there are no refunds after the first class. I understand if my check is returned for lack of funds a \$20 check return fee will be added to the class fee due.

Signature of owner: _____ Date: _____

Signature of owner: _____ Date: _____

Signature of Guardian if handler is a minor: _____ Date: _____

Signature of Handler (if not owner): _____ Date: _____