

ROGUE RETRIEVERS

CLASS REGISTRATION

Owner Information

Name of Owner(s) _____

Email Address _____ Phone _____

Dog Information

Name of Dog _____ Age _____ Breed _____ Sex _____

Vaccination History for: Rabies • Bordatella • DHLPP

PLEASE ATTACH COPIES OF VACCINATION RECORDS

What do you and your dog have problems with?

What would you like to learn from this class?

I, _____ hereby certify that my dog is in good health and has not been ill with any communicable condition in the last thirty (30) days. I further certify that my dog has not harmed nor shown aggressive or threatening behavior toward any other person or dog. By signing below, I agree to the terms and conditions set forth, by Adrienne Hardin (dog trainer) and have read and understand the following:

1. I understand that I am solely responsible for any harm caused by my dog while my dog is with Adrienne Hardin that in the unlikely event my dog is injured, either by another dog or self inflicted, I will not hold Adrienne Hardin responsible for the injury and if my dog injures another dog, I will be solely responsible for any injury.
2. I further understand and agree that Adrienne Hardin will not be held liable for any problems which develop, providing reasonable care and precautions are followed, and I hereby release Adrienne Hardin of any liability, of any kind whatsoever, arising from my dog's behavior.
3. I also understand that the degree to which my dog is successfully trained is a function of the interest and cooperation of the owner. I acknowledge and agree that there is no guarantee that my dog will achieve the level of training desired, despite the best efforts and commitment on the part of the owner or handler or instructor.

Printed Name _____

Signature _____ Date _____

To reserve your space, mail this registration form, your dog's vaccination records and your check to
Adrienne Hardin • Rouge Retrievers • P.O. Box 991 • Scappoose, Oregon 97053

