



Paws Obedience Class Registration

Today's Date _____

Name of Owner _____ Phone _____

Address _____

Name of Dog _____ Dog's Date of Birth _____

Breed of Dog _____ Paws Dog? _____

Has your dog had any training? Yes / No

Please answer the following:

- | | | | |
|------------------------|-----------|----|------------|
| 1. My dog can sit | very well | OK | not at all |
| 2. My dog can lay down | very well | OK | not at all |
| 3. My dog can stay | very well | OK | not at all |
| 4. My dog will come | very well | OK | not at all |
| 5. My dog can heel | very well | OK | not at all |

If you have any special problems with your dog or if your dog knows more commands, please list them below:

Thank you for filling out the registration form. This form is designed to be sure you get in a class that fits you and your dog. Please send this form with a payment of \$75.00 for the 8 week session per dog to:

Norman Stangler,
354 Royal Oaks Dr.
Vacaville, CA 95687.

Classes are held at the Community Education Center, 1360 Menlo, Napa,
California

Release from Liability

I indemnify and hold **Paws for Healing, Inc.** harmless from and against all claims, losses, liabilities, and damage to persons or property, governmental charges or fines and attorneys' fees arising out of the acts or omissions of Paws for Healing, Inc. Canine Therapy Dog Training. Workshops, seminars, meetings, or any gatherings sponsored by or conducted Paws for Healing, Inc., including but not limited to interactions with instructors, attendees, or animals, demonstrations involving my canine, or transportation of my canine to or from the training site or within the training site.

Signature _____ Date _____

Print Name _____