



# Obedience Class Registration Form

Jay King • P.O. Box 14927 • Tallahassee, FL 32317  
850-321-5450 • www.jaykingsdogacademy.com

Please fill out the following registration for each pet that you are bringing to class.  
Thank you for your cooperation.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Phone Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

## **Pet Information**

Name \_\_\_\_\_ Breed \_\_\_\_\_

Age \_\_\_\_\_ Weight \_\_\_\_\_ Sex Male \_\_\_ Female \_\_\_ Spayed/Neutered Yes \_\_\_ No \_\_\_

\_\_\_\_\_ What is the age of your dog when you acquired him/her

Yes \_\_\_ No \_\_\_ Does your pet had or have any medical problem(s)? If yes, please explain.

Yes \_\_\_ No \_\_\_ Does your pet interact well with children? If no, please explain.

Yes \_\_\_ No \_\_\_ Does your pet interact well with other dogs/animals? If no, please describe behavior

Yes \_\_\_ No \_\_\_ Does your pet have any special need? If yes, please explain.

\_\_\_\_\_ Has your pet been to an obedience school?

Yes \_\_\_ No \_\_\_ If yes, please describe what commands he/she has learned.

Yes \_\_\_ No \_\_\_ Does your pet know any trick? If yes, please describe.

Date of your pet's last veterinarian visit \_\_\_\_\_

Name of Veterinarian \_\_\_\_\_

Brand of dog food used Wet \_\_\_\_\_

Dry \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Additional comments \_\_\_\_\_

## AGREEMENT

I understand that attendance of a dog obedience training class is not without risk to myself, to members of my family or guests who may attend, or to my dog(s), because some of the dogs to which I will be exposed may be difficult to control, and may be the cause of injury, even when handled with the greatest degree and amount of care.

I agree to hold the instructor(s) harmless for any claims for any loss or injury which may alleged to have been caused directly or indirectly to any person or thing by the act of my dog while in the training area, or near the entrance thereto and I personally will assume all responsibility and liability for any such claim; I further agree to hold the aforementioned party harmless for any claim for damage or injury to my dog, whether such loss, theft, disappearance, damage or injury be caused or be alleged to be caused by the negligence of the aforementioned party or by the negligence of any other person or any other cause or causes. I further agree that this Agreement is binding for this and any subsequent classes that I attend

\_\_\_\_\_  
Signature of Owner of Dog and/or Trainer

\_\_\_\_\_  
Date

*We have never had an unpleasant incident. We are please that people who care for their dogs are in themselves always responsible and considerate people. The above merely protects us all.*

Class tuition is \$160.00 for eight (8) weeks. Completed registration form and include a deposit of \$40.00 made payable to Jay King's Dog Academy (deposit is non-refundable). Application and deposit must be received prior to class start date to secure your class space. Class space is limited.

The balance is due on the first week of class. We will contact you if the class is full.

Please call, if you have any questions. (850-321-5450).

### **PLEASE ATTACH A COPY OF YOUR PETS VACCINATION RECORDS.**

Send registration form and deposit to: Jay King's Dog Academy  
P.O. Box 14927  
Tallahassee, FL 32317

Deposit Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Balance Due \$ \_\_\_\_\_ Check # \_\_\_\_\_

Orientation: Tuesday, October 3, 2017 at 6:30 pm

*Please Do Not bring your dog(s) on orientation night.*

Our classes depending on requests and scheduling will be held on either Tuesday or Wednesday. Please indicate your preference and we will try to accommodate you.

Tuesday	
Wednesday	