

Lorien Kennels

Registration Form for Dog Training Classes

Date:	Class Registering For:
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Owner's Name:	Home Phone	Cell Phone
Mailing Address:	City/Zip	
E-mail:	How many other adults/children in home?	

Dog's Name:	Breed	Age	Sex
Dog was acquired from (circle) PET SHOP SHELTER BREEDER OTHER: _____	Age of dog when acquired:	How long have you had this dog?	
Your Vet:	List any medications dog is on:		
Any other dogs in household? Y / N	Describe how many, breed, age, sex, neutered?		
Where does your dog stay during the day?	Sleep at night?		

What is your dog's regular food?	
What time(s) & how much do you feed your dog?	Who feeds the dog?

Have you taken classes with your dog before, or are you working with a private trainer? If so, please list the classes taken, where and when:

1) When ON LEASH, what does your dog do when he sees another dog? Note all that apply and at what distance each occurs:			
Barks:	Lunges:	Growsls:	
Snaps:	Ignores:		
Wags tail and greets other dog:		Hides behind owner/retreats:	
Other:			

3) Does your dog get to play with other dogs? Y / N	How often?
Where?	On or off-leash?

4) Has your dog ever been in a dogfight?	Y / N	How many times?	
Please describe the fight below. What happened?			
Was either dog hurt?	Y / N	Did either dog go to the vet?	Y / N
Please describe the injuries:			

5) What does your dog do when it sees or meets a stranger: (note all that apply)			
Barks:		Lunges:	
Grows:		Snaps:	
Wags tail and greets other dog:		Hides behind owner/retreats:	
Other:			

6) Has your dog ever bitten a person?	Y / N	How many incidents?	
Did the bite break the skin?	Y / N	Did the person see a doctor as a result of the bite?	Y / N
Please describe the incident(s):			

7) Please describe what you are hoping to accomplish by attending the class:
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8) How did you hear about this class?

9) Does the owner/handler have any physical or mental limitations? (Note all that apply)			
Bending/Stooping:		Walking	
Balance:		Arm Strength:	
		Standing	
		Cognitive Impairment	
		Hearing Impairment	
		Visual Impairment	
Other - Please Describe:			

Payment and Cancellation Policy:

Enrollment is not confirmed until payment is received. Please make your check for \$75 payable to Lorien Kennels and bring it with you to orientation along with your completed registration form, signed liability statement and vaccination record. You may also mail it in advance to: Lorien Kennels 318 Mantua Road, Heathsville, VA 22473.

We depend on meeting our enrollment numbers to start each class, so your withdrawal may affect class schedules. Occasionally we may need to postpone a class if enrollment requirements are not met. If this occurs, you will be notified in advance with the options to join another session.

- If you withdraw prior to the start date and outside of the 36 hours prior to the scheduled start time, there is a \$15 fee.
- If you withdraw from a class within 36 hours of the scheduled start time, there is a \$25 fee.
- There are no refunds after class begins.

We encourage you to observe one of our classes so that you can be certain that Lorien Kennels is the right place for you and your dog, Please call us at (804) 580-5227 (Kennel) or (804) 580-0071 (Cell) for details.

CERTIFICATION, LIABILITY RELEASE AND INDEMNITY AGREEMENT

CERTIFICATION:

I certify that this dog is current on all required immunizations for Rabies, Distemper, Hepatitis, Parvo, Canine Para-influenza, Carona virus and Bordatella (kennel cough – recommended, not required). I certify that this dog is in negative status for heartworm and is on prophylactic for heartworm infection. I further represent that this dog does not, to the best of my knowledge and experience, present a threat to other dogs or persons.

RELEASE:

I, _____, give permission to Dawn Mahaffey and any other Lorien Kennels staff and/or trainers and/or their assistants to observe, train and/or work with my dog(s). I do for myself and for my heirs, administrators, dogs and assigns, do hereby release, indemnify and hold Dawn Mahaffey, dba Lorien Kennels, the above mentioned staff, trainers and their agents and/or employees harmless from and against any/all liabilities, losses, expenses, injuries, damages, suits or judgments whatsoever which may occur or arise in the course of or in connection with my activities with dog training classes held at Lorien Kennels or the Mahaffey residence at 318 Mantua Road, Heathsville, VA 22473. I submit this Release and Indemnity Agreement as part of my application to join group or individual classes at Lorien Kennels taught by the above-mentioned trainers, and is valid for any private consultations either at the kennel or at my residence.

I acknowledge that I am aware that participating in dog training activities exposes myself and my dog to certain risks which may include the possibility of exposure to communicable diseases, accidents, falls or other injuries while training; the possibility of my dog or myself being bitten, scratched or otherwise harmed by another dog, which may not be under the full control of its owner/handler. I also understand that these activities expose myself to other risks involved with strenuous physical exercise and high stress levels of work. I have been provided a copy of the Ground Rules for class and agree to abide by them at all time. I acknowledge these risks and agree to hold harmless Lorien Kennels and Dawn Mahaffey for any illness, accident or injury which may occur as a result of my participation in this class and/or incurred on the premises before, during or after the class. I further agree to hold the owners/handlers of the other dogs in this class harmless, beyond reasonable veterinary and/or medical expenses incurred, in the event of an accident, injury or exposure to communicable disease.

I hereby give Lorien Kennels permission to use my (and my dog's) name, photographs and course evaluation comments in published media to include newspaper articles, press releases, flyers, references and other promotional materials. I certify that all of the information given on the training application is true and correct to the best of my knowledge. I agree that this waiver and this Release and Indemnity Agreement shall be binding upon heirs, and that it shall inure to the benefit of the successors, heirs, dogs and assigns of the released parties.

INFORMED CONSENT:

I have carefully read and agree to all parts of this agreement.

Signature(s):

Owner: _____ Date: _____

Handler (If different from owner): _____ Date: _____

Parent/Guardian (If owner/handler is a minor): _____ Date: _____

Dog's Name(s): _____