



WICHITA PET WELLNESS

VETERINARY CARE, DAYCARE & TRAINING

CLASS REGISTRATION FORM

Name: _____ Email: _____

Address: _____

Phone Number: _____

Dog's Name: _____ Breed: _____ Age: _____

Veterinarian: _____ Clinic Number: _____

Your pet must be up to date on all age-appropriate vaccinations.

All classes are non-refundable. If you are not able to attend the class you signed up for, we will credit you for a later class. Please let us know at least a week prior to the start date of the class you signed up for if you are not able to attend.

TRAINING RELEASE OF LIABILITY AGREEMENT

I, (owner's name) _____, as legal owner of (dog's name) _____, acknowledge that dogs are unpredictable animals with their own will and drives, and therefore Wichita Pet Wellness cannot protect against every potential injury, risk or accident to myself or to other persons participating in the training class. This includes dog attacks, dog bites and the responsive actions and complications that arise from them, and I understand and acknowledge that such risks are inherent and cannot be eliminated. I assume the risk to myself, my dog, and others accompanying me. I will be held responsible for my conduct and the conduct of my dog and others accompanying me at all times. I indemnify and hold harmless Wichita Pet Wellness and Marissa May, RVT from any and all claims of injury, loss, cost, or damage to persons, dogs, or property caused by the acts or omissions of myself, my dog, or any other persons accompanying me during the course of training or related activities, as well as by the conduct of my dog under my own care as a result of following training instructions. This provision applies whether the claims are made by myself, members of my family, my accompanying guests, Wichita Pet Wellness personnel, or third parties.

Signature: _____ Date: _____