



ANIMAL VISIONS
APPLICATION FOR DOG TRAINING CLASS

Date of Class _____

Please print all information clearly

Handlers Last Name _____ First Name _____ Age (If less than 18) _____

Address _____

City _____ State _____ Zip Code _____

Home phone _____ Work phone _____ Email address _____

Single ___ Married ___ Divorced ___ (check one)

of people the dog lives with on a daily basis _____

Ages of children _____ Other pets _____ How many? _____ Dog, Cat, other _____

Information about your dog

Dog's call name _____ Age _____ Sex _____

Breed _____ Veterinarian _____ How long have you had this dog? _____

How much time is spent interacting with your dog, on average? _____

How many hours is your dog with you on a daily basis? _____

How many hours is your dog alone on a daily basis? _____

What type of games do you play with your dog? _____

What type of difficulties are you having with your dog (if any) at this time _____

Does your dog have aggression problems with other dogs or people? _____

How did you hear about these classes? (check one or more) Former Trainee ___ Groomer ___

Telephone Book ___ Web site ___ Veterinarian ___ Newspaper add ___ Other ___

I am enrolling my dog in the training class that will take place on Date _____

_____ number of people that will be attending.

**Payment must accompany application in order to hold a place for you in the class.
Application must be signed and dated to participate in the class. Be sure you have
a copy of the dog's rabies certificate.**

Method of Payment:

Cash ___ Check # _____ Mastercard ___ Visa _____

Credit card # _____

Exp Date _____

CVV Code _____

PLEASE DO NOT WRITE IN THIS SPACE

Proof of Immunization: DHLP: date _____ Rabies: date _____

Payment received: Cash ___ Check ___ Credit Card ___ Amt received ___ Due _____

AGREEMENT TO HOLD HARMLESS WAIVER AND ASSUMPTIOAN OF RISK

I agree that attendance of dog training classes is not without risk to myself, members of my family or guests who may attend, or my dog, because of injury even when handled with the greatest of care.

I hereby waive and release April Frost, and Animal Visions Inc. assistants, members and agents from any and all liability of any nature for injury or damage resulting from the action of any dog, and I expressly assume the risk of such damage or injury while attending any training session, or any other function, of Animal Visions Inc., while on the training grounds or the surrounding area thereto.

In consideration of and as inducement to the acceptance of my application for training membership by,Animal Visions Inc. I hereby agree to indemnify and hold harmless April Frost, Animal Visions Inc., it's employees members, officers and agents from any and all claims, of claims by any member of my family or any other person accompanying me to any training session or function at Animal Visions Inc., or while on the grounds or the surrounding area thereto as a result of any action by any dog including my own.

CANCELLATION AND REFUND POLICY: refunds will only be given if we receive notice of cancellation two weeks prior to the starting date of the class. We reserve the right to cancel any event two weeks prior to the scheduled date of the event if a minimum number of reservations have not been received. In this case, you will receive a full refund.

I have read completely the above agreement and fully agree to its terms.

Signature of Owner or Authorized Agent _____

Date _____

(In the case of a minor, a parent or legal guardian must sign.)

**THE ABOVE WAIVER COVERS THIS AND ALL OTHER ONGOING CLASSES
APPLICANT PARTICIPATES IN.**

Please mail this completely filled out and signed , with your payment to the address below

Thank You!

ANIMAL VISIONS

April Frost

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