



Higher Education For Your Canine Companion

1190B Liberty Square Road  
Boxborough, MA 01719  
info@fourpawsacademy.com

Class: \_\_\_\_\_ Day/Date/Time: \_\_\_\_\_

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Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Where did you hear about us? \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Breed: \_\_\_\_\_

Sex: M / F Spayed/Neutered: Y / N Is your dog friendly with people? Y / N Is your dog friendly with other dogs? Y / N

Name of Vet: \_\_\_\_\_ Vet Phone: \_\_\_\_\_ Rabies Exp: \_\_\_\_\_ Tag#: \_\_\_\_\_

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What brand of dog food do you feed your dog? \_\_\_\_\_

Where did you obtain your dog? \_\_\_\_\_

Is this your first dog? Y / N Is your dog housetrained? Y / N Crate trained? Y / N

Have you trained a dog before? Y / N When and where? \_\_\_\_\_

Does your dog have any physical problems? \_\_\_\_\_

Does your dog have any problems you would like to discuss with a trainer?

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**WAIVER, ASSUMPTION OF RISK, AND AGREEMENT TO INDEMNIFY AND HOLD HARMLESS**

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

I hereby waive and release Four Paws Academy, Inc. its employees, owners and agents from any and all liability of any nature for injury or damage which I or my dog may suffer, including specifically, but not without limitation to, any injury or damage resulting from the action of any dog, and I expressly assume the risk of any such damage or injury while attending any training session or other function of Four Paws Academy, Inc. or while on the training grounds or the surrounding area.

I hereby agree to indemnify and hold harmless Four Paws Academy, Inc., its employees, owners, and agents from any and all claims, or claims by any member of my family or any other person accompanying me to any training session or function of Four Paws Academy, Inc. or while on the grounds or the surrounding area as a result of any action by any dog, including my own.

I understand that my payment with my application will hold my place in class. I understand there are no refunds after the first class.

Signature of owner/s: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of owner/s: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Handler (if not owner): \_\_\_\_\_ Date: \_\_\_\_\_