

PUPPY PLAY GROUP



Registration Form

Pet's Name: _____ Breed: _____ Male Female Fixed

Color: _____ D.O.B.: _____ Current Age: _____

Veterinarian: _____ Phone: _____

Owner's Name: _____ Co-Owner's Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ email: _____

WAIVER, ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS

I, _____, understand that participating in a Puppy Play Group is not without risk to myself, members of my family, guests who may attend, or my dog because my dog may be difficult to control and may be the cause of injury even when handled with a reasonable amount of care. I hereby WAIVE and RELEASE "Woof Woof Professional Dog Services", its employees and agents from any liability of any nature, for injury or damage resulting from the action of any dog. I expressly assume the risk of any such damage, or injury while participating in any class or training program. In consideration of and as inducement to the acceptance of my application for training membership in any of the training programs offered by "Woof Woof Professional Dog Services", I hereby agree to indemnify and hold harmless "Woof Woof Professional Dog Services" its employees, owners and agents from any and all claims by any member of my family, or any other person accompanying me during any Puppy Play Groups as a result of any action by my own dog or any dog that may come onto the property of 70 Range Road, Windham, NH 03087, or the surrounding area before, during and after any Puppy Play Group, training lesson, or event offered or held by "Woof Woof Professional Dog Services."

On behalf of myself and any and all other owners of this pet, I have read and agree to the terms of this contract. I warrant that I have the authority to represent any and all other owners of this pet in signing this contract.

I understand that Woof Woof Professional Dog Services reserves the right to dismiss a dog from any program for any reason.

Signature of Owner

Date

PLEASE bring a copy of your puppy's vaccination records showing that they are current for their age. Your puppy must have received his or her first shots and have belonged to you for at least 10 days.

WOOF WOOF
Professional Dog Services

70 Range Road 🐾 Windham, NH 03087 🐾 603-890-6239
Fax: 603-890-2422 🐾 www.WOOFWOOF.net