K9 KARMA, UC

Registration Form

Pet Owner's Information:			
Name:		 	
Address:			_Zip:
Cell:	Work:	 Home: _	
Email Address:		 	
Emergency Contact:			
Pet's Information:			
Name:		 Breed:	
Age:	_ Sex:	 _Spayed/Neutere	ed?:
Vet. Name/Number:		 Vacc. D	ate:

Training Agreement

In consideration of and as inducement to the acceptance of my application for training membership in this obedience class: I hereby assume all risk of personal injury to myself, members of my family, guests who may attend, as well as my dog, while I am attending and training with this class. I hereby waive and release K9 Karma, LLC and all class locations, it's employees, owners and agents and all other students and members of this training class from any liability therefore.

Applicant's signature: Date:
