Payment\_\_\_\_\_\_\_\_ Shots\_\_\_\_\_\_\_\_\_

**Good Dog Sammy, LLC.**

**997 Blanding Blvd St 8, Orange Park, FL 32068**

**Registration Form – all fields required**

Please provide the following information for our records so that we may better serve you.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dog’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Breed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth (dog) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ To aid in controlling unwanted and deadly disease, all dogs enrolled in any class must provide proof of current Rabies vaccination for dogs and puppies over 6 months of age. I agree that to be accepted for training, I must have a leash, training collar, and other equipment as required for the class I am enrolling in. I have read and understood the foregoing before signing

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date

**Read Before Signing**

I have enrolled myself and my dog in a training class conducted by Good Dog Sammy, LLC. No Refunds. I have done this voluntarily for the benefit and enjoyment of myself and my dog. I understand from the nature of the activities involved that there could be injury to myself or my dog. I assume the risk of any injury resulting to myself or my dog in connection with this training class in so far as concerns any liability of Good Dog Sammy, LLC. I understand that any children who accompany me to class must be under my supervision at all times and that I am responsible for their behaving in a safe and appropriate manner. I agree the class instructor or other representative of Good Dog Sammy, LLC. may require me to immediately remove my dog from the premises if my dog is uncontrollably disruptive or poses a danger to dogs and/or humans. I also hereby indemnify and agree to hold harmless, Good Dog Sammy, LLC. against any claims for liability for damage to persons or property of others by me or my dog while on the training area or parking area by said or property adjacent thereto.

 Signature of enrollee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian if person is under 18 years of age. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_