

Enrollment Form
Elaine's Canine Education
www.elainescanineeducation.com

Class: (Check web site for class descriptions)

Puppy Beginner Advanced Beginner Intermediate Advanced Novice

Refresher Private Dog Manners

Start Date _____ Location: Arlington Heights Itasca

Owner Name _____ St. Address _____

Apt. No. _____ City _____ Zip Code _____

Day Phone _____ Evening Phone _____ Cell Phone _____

E-mail Address _____

Dog's Name _____ Age _____ Sex _____ Breed _____

Nuetered? Rabies Vaccination Number _____

Where did you get dog? Breeder Shelter Rescue Club Pet Shop Other

Does dog have any physical limitations? If so, please explain.

Other Pets? No Dogs Cats Birds Exotics Dog's Regular Food _____

Have you attended other classes with this or another dog? If yes, where? _____

Where did you hear about this class? Referral Animal Medical Center of Itasca Phone Book

Animal Needs and Feeds Internet Other

Do you have any physical Limitations? If so, please explain.

What behavior problems does your dog have? Mouthing/Play Biting House Soiling
 Jumps On People Destructive Digging Barks/Whines Gets On Furniture Shy
 Guards Food/Toys Excessive Energy Pushy Car Sickness Too Attached To Me
 Lunging/Pulling Growls Other (Explain) _____

Interested in Showing Dog? _____

**Elaine's Canine Education
Owner Release Form\ Dog Obedience Class**

www.elainescanineeducation.com

630-238-9370

Dog's Owner's Name _____

Address _____
City _____ Zip Code _____

Phone Numbers _____
Day _____ Evening _____

Class Level _____ Class Starting Date _____

Class Location (circle one) Arlington Heights Itasca

Dog's Name _____ Age _____ Sex _____ Breed _____

Please Read And Sign The Following:

It is required that a signed statement from your veterinarian showing the date of the dog's last **Rabies, Distemper, Parvo Virus** vaccinations and current **FECAL** test be presented when the dog is admitted to class.
IMMUNIZATIONS MUST BE CURRENT FOR ADMISSION TO CLASS. No dog will be allowed to attend class without presentation of this slip by second week of class.

As owner/handler of the dog (or the owner/handler's legal guardian), I hereby release and save harmless the Animal Medical Center of Itasca (Itasca Classes) or Animal Feeds & Needs (Arlington Heights classes), Elaine Edwards and all of its employees, all owners and officers of the corporation, agents, managers and/or their associates or representatives and the premises, owners, employees and/or agents where training occurs and all persons connected therewith from any and all claims, lawsuits, liens and liabilities of every nature which may arise from me or my dog's participation in the class or my dog's arrival and departure to and from class or on the premises where the training occurs, and as, owner/handler of the dog (or for legal guardian), I assume full responsibility for me or my dog's actions and the consequences thereof through the entire course of instructions. This release extends and applies to and also covers and includes all unknown, unforeseen, unanticipated and unsuspected injuries, damages, losses and liabilities as well as any consequences thereof.

Aggressive dogs are prohibited from all group classes.

I understand and agree that the **CLASS FEE IS NOT REFUNDABLE** after the first class.

I understand that I may be dropped from the class at the discretion of the instructor.

I have read this release, understood its terms and conditions and by signing this release, agree to be bound by its terms and conditions.

Signed: _____

Date: _____

**HEALTH CARE RECORDS FOR
ELAINE'S CANINE EDUCATION CLASS**

WWW.ELAINESCANINEEDUCATION.COM

630-238-9370

All vaccinations must be up to date for dogs to be allowed in class.

Owner's Name _____

Dog's Name _____

Date of Class _____

Must be completed by your veterinarian and returned no later than second class.

Date of last vaccinations (titers testing is acceptable)

Distemper _____ Rabies _____

Parvovirus _____ Hepatitis _____

Parainfluenza _____ Bordetella (optional) _____

Heartworm test _____ P / N

Fecal test: Date _____ Negative _____ Positive _____

If under treatment, dog may attend class with the permission of veterinarian

May attend class, under treatment _____ May not attend class _____

Veterinary Hospital _____

Address _____
City _____ Zip Code _____

Signed _____, DVM Phone () _____