

Best Behavior Dog Training Agility Class Registration

Start date\_\_\_\_\_

Name\_\_\_\_\_

Address\_\_\_\_\_

Phone-Day\_\_\_\_\_ Evening\_\_\_\_\_

email\_\_\_\_\_

Dog's Name\_\_\_\_\_

Breed\_\_\_\_\_

Age\_\_\_\_\_ Vaccinated? Y / N

Previous  
Training\_\_\_\_\_

I understand that attendance of a dog training class is not without risk to myself, members of my family or guests that may attend, or to my dog, because some of the dogs which we are exposed may be difficult to control, or may cause injury even when handled with the greatest amount of care.

I hereby waive Best Behavior Dog Training, LLC, Treasure Coast Animal Emergency Hospital, their employees or agents from any and all liability of any nature, for injury or damage which I or my dog may suffer, including, any injury or damage resulting from the action of any dog. I expressly assume the risk of any damage or injury while attending agility class and while training on the grounds or surrounding area.

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

Please drive slowly to the back of the property. There may be loose dogs and children. You can park ringside.

**Send registration form with payment of \$60.00 to Best Behavior Dog Training, 2335 81<sup>st</sup> CT, Vero Beach , FL 32966.**