**BOISE DOG TRAINING LLC**

**APPLICATION FOR ASSISTANCE IN DOG TO DOG/CAT INTRODUCTION**

**DOG/CAT Owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family-Resident Dog’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sex: \_\_\_\_\_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How long have you had this dog? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of last vaccinations for Dog: Rabies \_\_\_\_\_\_\_\_\_\_\_\_ DHPP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ canine distemper \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Canine Parvo \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bordetella (kennel cough) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Veterinarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Briefly describe your experience in training a dog either current or past:**

**Briefly describe what your goals are with training:**

**WAIVER AND RELEASE FORM FOR BOISE DOG TRAINING LLC**

The undersigned person has registered to participate in training, socializing facilitated or assisted by Boise Dog Training LLC.

I hereby certify that I am the owner of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the dog(s) which will participate in this training, socialization or pet to pet introductions.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that I am requesting assistance with the training of my dog named above, from Boise Dog Training L.L.C and Judy Anderson.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, release all instructors, assistants, volunteers, participants, and all land owners from any damages that may arise, directly or indirectly, as a result of me or my dog participating in activities offered by Boise Dog Training L.L.C. This training or activities may be at my residence, or assigned location which is determined and agreed upon by the trainer and myself. I fully recognize that dog training, behavior training, dog socializing, pet to pet introductions and related activities can be of a dynamic nature and may pose a risk of injury, even with the greatest amount of care and proper handling. I understand and I am aware, that all dog training and related activities involve a risk of injury to myself, my dog, members of my family or guests who may be present. Despite the risks of injury, I agree to expressly assume all risks of injury or death to me, or my dog or cat while participating in any of the training and or socializing related activities.

1. I understand that other dogs may attend Boise Dog Training programs and that during the course of participation my dog may come into contact with all other participating dogs.
2. I hereby certify that the above named dog has been vaccinated for canine distemper, canine parvo virus, canine parainfluenza (DHPP), as well as, bordetella (kennel cough), and rabies.

By my signature below, I give my consent to participate in said activities, and I realize that by signing and submitting this form as a legal release, I am forever releasing from liability and agree not to sue or take legal action against Boise Dog Training LLC, Judith (Judy) Anderson, her associates, agents and employees for injuries or damages to me or my dog or cat, from any and all manner of actions, which may arise now or in the future because of, or pertaining to, my participation, or my dog(s) participation in any activities throughout any program provided by Boise Dog Training LLC.

I understand this is legally binding on me and my heirs and I sign it of my own free will.

Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Print Name of Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_