## **BOISE DOG TRAINING L.L.C.**



## APPLICATION FOR ANY OF THE BELOW TRAINING WITH BOISE DOG TRAINING LLC:

- CLASSES
- BEHAVIOR CONSULTATION
- DOG TRAINING
- DOG TO DOG OR CAT INTRODUCTIONS

Dog Owner's Name:	Phone:
EMAIL:	
Address:	City, State, Zip
Family-Resident Dog's name:	Age:
Sex: Spayed/Neutered?	
How long have you had this dog?	<del></del>
Date of last vaccinations for Dog: Rabies	DHPP canine distemper
Canine Parvo	Bordetella (kennel cough)
Veterinarian:	
Does your dog have any negative reactions towa	

For any obedience or behavior training, briefly describe what your goals are:

## WAIVER AND RELEASE FORM FOR BOISE DOG TRAINING LLC

_	d person has registered to participate in training, socializing, or pet to pet introductions facilitated or e Dog Training LLC.
I hereby certify	that I am the owner of, the dog(s)
which will partic	ipate in this training, socialization or pet to pet introductions.
I,dog named abo	, certify that I am requesting assistance with the training of my ve, from Boise Dog Training L.L.C and Judy Anderson.
l,	, release all instructors, assistants,
my dog participa assigned locatio behavior trainin pose a risk of in dog training and present. Despite	icipants, and all land owners from any damages that may arise, directly or indirectly, as a result of me or ating in activities offered by Boise Dog Training L.L.C. This training or activities may be at my residence, or my which is determined and agreed upon by the trainer and myself. I fully recognize that dog training, go, dog socializing, pet to pet introductions and related activities can be of a dynamic nature and may ury, even with the greatest amount of care and proper handling. I understand and I am aware, that all related activities involve a risk of injury to myself, my dog, members of my family or guests who may be the risks of injury, I agree to expressly assume all risks of injury or death to me, or my dog or cat while any of the training and or socializing related activities.
part 2. I he	derstand that other dogs may attend Boise Dog Training programs and that during the course of icipation my dog may come into contact with all other participating dogs. reby certify that the above named dog has been vaccinated for canine distemper, canine parvo virus, ne parainfluenza (DHPP), as well as, Bordetella (kennel cough), and rabies.
form as a legal r Training LLC, Juc cat, from any an	below, I give my consent to participate in said activities, and I realize that by signing and submitting this elease, I am forever releasing from liability and agree not to sue or take legal action against Boise Dog lith (Judy) Anderson, her associates, agents and employees for injuries or damages to me or my dog or d all manner of actions, which may arise now or in the future because of, or pertaining to, my my dog(s) participation in any activities throughout any program provided by Boise Dog Training LLC.
I understand thi	s is legally binding on me and my heirs and I sign it of my own free will.
Signature:	
	Date:
Please Print Nar	
ricase rillicinal	
	Phone:
Emergency Conf	ract:
	Phone