

Dog Training by Shannon at Hudson Highlands Veterinary

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Name: _____ Date: _____

Address: _____

Home phone: _____ Cell phone: _____

E mail address: _____

Emergency contact: _____

Dogs Name: _____ Sex: _____

Spayed/Neutered? _____ Breed: _____

Date of birth (or age if unknown): _____

Is your dog up to date on Dhlpp, Rabies, and Bordetella? _____

What specific problems would you like to work on ?

Which class are you in? PUPPY _____ BASIC _____ INTERMEDIATE _____

Does your dog show aggression toward other dogs or people? _____

I, (owners name) _____, as legal owner of _____

Do hereby waive and release Shannon Maeurer and Hudson Highlands Veterinary Medical Group PC from any and all liabilities of any nature. I agree to take complete responsibility for the actions of my dog, and myself, before during and after class. At no time will the instructor of this class or Hudson Highlands Veterinary Medical Group PC be liable or responsible for the actions of myself, my dog, or any other person who accompanies me to class.

Owner's Signature: _____ Date: _____