

Coral Veterinary Clinic's Obedience Registration Application

Owner/Handler's Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone Number _____

Dog's Name _____

Breed _____ Age _____

Sex _____ Spayed/Neutered? _____

Behaviors and/or problems I'm experiencing with my dog which I would like to address during this course: _____

RELEASE

I agree to hold Coral Veterinary Clinic, David B. Nichols, and any and all employees and representatives harmless from any claim for loss or injury which may have been caused directly or indirectly to any person or thing by act of this dog while in the process of training with this school. I assume all responsibility and liability for such claim. Further, I agree to hold the aforementioned parties harmless for any claim or loss of this dog by disappearance, theft, death, or otherwise. I agree to the foregoing as the agent or owner of the dog.

Date _____ Signed _____

No refunds after 1st session.