

**WILDWOOD DOG TRAINING CLUB, INC.**

Name of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Dog: \_\_\_\_\_ Breed: \_\_\_\_\_

-----  
**THIS SECTION MUST BE FILLED OUT AND SIGNED BY YOUR VETERINARIAN:**

**HEALTH HISTORY**

<b>INOCULATIONS:</b>	<b>DATE</b>	<b>Type</b>
DHL		
Parvo		
Rabies		
Bordetella (Required)		

<b>LAB WORK:</b>	<b>DATE</b>	<b>Pos/Neg</b>	<b>If positive, treatment and date completed</b>
Heartworm Test			
Stool Check			

Veterinarian Signature \_\_\_\_\_

Animal Hospital \_\_\_\_\_

-----  
**WAIVER**

I hereby waive and release WILDWOOD DOG TRAINING CLUB, INC., its members, instructors, officers, and agents from any and all liability of any nature, for injury or damage which I or my dog may suffer, including specifically, but not without limitation, any injury or damage resulting from the action of my dog.

I hereby agree to indemnify and hold harmless this Club, its members, instructors, officers, and agents from any and all claims, or claims by any member of my family or any other person accompanying me to any training session or function of the Club or while on the grounds or the surrounding area thereto as a result of any action by any dog, including my own.

Wildwood Dog Training Club, Inc. reserves the right to revoke all training privileges of any client whose behavior or behavior of a dog under their control is deemed to be inappropriate, uncontrolled, aggressive or disruptive, and infringes on the safety and/or enjoyment of the training experience of other clients and teaching staff.

Signature of Owner or Authorized Agent \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE RETURN THIS FORM WITH YOUR APPLICATION AND TUITION FEE.**