



Morning Star Farm Pet Resort Training Registration

317 County Home Road Thompson, CT 06277

860 928-7191

Course	Start Date	Time
Name	First Class with us? YES NO	
Address	City State Zip	
Phone Home	Phone Cell	Best Time to Reach you
Email Address		
Dog's Name	Dog's Breed	Gender Spayed/Neutered M F S N NO

Have you taken other dog training courses?

If so, which course, where?

What do you hope to work on in this class?

Are you having any specific problems you would like addressed?

Please answer the following honestly. A yes response will not exclude you from our services. We have experience working with aggression and behavioral issues. Your responses will help us tailor our program to meet your needs and ensure the safety of our staff and trainer.

Do you or your dog have any disabilities or special needs that may challenge your ability to master tasks included in this course? (If so, please explain)

Has your dog ever growled or bitten anyone or other dogs? (If So, Please explain)

Informed Consent

I understand that my attendance in a dog training class/and or event is not without risk to myself, members of my family or guests who may attend, or to my dog, because some of the dogs to which I (we) may be exposed may be difficult to control and may cause injury even when preventative measures are taken.

I hereby waive and release the instructors, members, guests of Morning Star Farm Pet Resort, and the trainer from any and all liability of any nature, for injury and damage which I or my dog may suffer, including specifically, but not without limitation, any injury or damage resulting from the action of any dog, and I expressly assume the risk of any such damage or injury while attending any training session or training event or while on the training grounds or the surrounding area thereto.

I accept the above Risk Waiver and Release and hereby agree to absolve and hold harmless the instructors, members and guests of Morning Star Farm Pet Resort, LLC. from any and all claims, or claims by any member of my family or any guest that may accompany me to school events, as a result of any action by any dog, including my own.

Class Payment is non-refundable. If registering by mail please attach copy of vaccinations for Rabies, DHPP & Bordatella (recommended). No dogs may enter class without current vaccinations. Puppies must have 2nd shots.

Signature

Date

For Office Use Only:

Course Fee: _____ Amount Paid _____ Payment Method _____ Date: _____