

DogHaven

Fill out the following information, print and sign. Attach vaccination records and mail to:

DogHaven
4225 Rocky River Rd
Charlotte, NC 28215

Client Name: _____
Address: _____
City: _____ Zip: _____
Home Phone: _____ Work/Mobile: _____
Email: _____
Dog's Name: _____ Breed: _____ Neutered/Spayed (Yes/No)
How did you hear about us: _____

Group Classes

(Check below)

_____ Agility
Class Day/Time Preferred _____

_____ Intermediate Obedience Group (Saturday morning)

Other Information

Group lessons missed or unattended will not be made up unless special arrangements are made with the instructor. No refunds. Payment in full requested prior to first group lesson.

I hereby agree to hold harmless the Knowles family from any legal liability arising out of or occurring during the course of the training of my dog at any and all classes/events including time spent on the Knowles property before or after classes. I further agree to relinquish any right to pursue any action, civil, criminal or equitable, or relief in court, or through arbitration, as a result of any wrongdoing (whether willful or through negligence) that may occur at any time before, during, after, events/classes. I further agree to indemnify the Knowles family for any expense incurred arising out of my and my dog's presence on the Knowles property at 4225 Rocky River Road. I have read the above agreement and fully understand same.

_____ \$ _____
Date Client Signature