



1016 Monroe Drive NE
 Atlanta GA 30306
 404-875-DOGS (3647)

- Puppy \$125
- Beginner \$215
- Canine Good Citizen \$125
- Intro to Agility \$85
- Beginner Agility \$85
- Intermediate & Advanced Agility \$150
- Playschool \$27 (see pricing for multiple days)

Please write preferred times for classes:

Describe your goals/objectives. Describe current behavior problems: _____

How did you hear of Canine Academy and Playschool? _____

For myself my heirs and assigns, I hereby release Canine Academy & Playschool, Inc. (CAP) its agents, officers, subcontractors, and employees, animal owners, customers and potential customers of CAP from any and all liability for injuries to myself, my dog, or any other property of mine which arise in any way out of services provided by or as a consequence of my association with CAP. I understand that there are certain risks involved with dog ownership, training, and care including, but not limited to dog fights, dog bites, and transmission of disease and by my signature below, I acknowledge and accept responsibility for these and all other risks and release CAP from any injuries that might occur, no matter the cause. This release and waiver shall cover any injuries occurring within five years of date signed.

Also, by my signature below I hereby authorized CAP to obtain medical and vaccination records for my dog from the veterinarian listed above and by this document do hereby direct said veterinarian to provide those records to CAP.

Signed: _____

Print Name: _____

Date: _____

Enrollment Application

Dogs Name: _____

Breed: _____

Sex: Male/Female Neutered: Yes/No Age: _____

BirthDay: (if you don't know make one up. All dogs deserve a birthday!)

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Email: _____

Company: _____

Spouse/Partner's Name: _____

Cell Phone: _____

Company Phone: _____

Emergency Contact: _____

Home Phone: _____

Cell Phone: _____

Veterinary Information:

Name of Veterinarian: _____

Address: _____

Phone Number: _____

Date of Last Vaccinations

Rabies: _____ Distemper: _____ Parvo: _____

Bordetella: _____

(*Vaccination not required for participation)

We follow the recommendations by immunologist Dr. W. Jean Dobbs now adopted and taught in the 27 North American veterinary schools.

<http://www.weim.net/emberweims/Vaccine.html>

Date of last heartworm test: _____

Method of Flea Control: _____

Describe any medical/ physical problems: _____

Is your dog aggressive towards people? YES / NO

Is your dog aggressive or dominant towards other dogs? YES / NO