

Town & Country Animal Care Center & Training Training Application for Existing Students

**You may fax or mail this form with proof of vaccination required prior to beginning of class.
2010 N. Salem St., Apex, NC 27523 | Fax: 919.363.5077 | Phone:919.387.7833**

Please read and check off each of the following before completing the form below:

- I have read, completed, and understand the required Town & Country Training Application
- I have provided Town & Country with the required proof of vaccination (we accept your personal veterinarian vaccination protocol)
- I understand that I am requesting a Training Class, and completing this form does not constitute acceptance into the class without payment

Owner's Name: _____ **Class:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home: _____ **Work:** _____ **Cell:** _____

Pet's Name: _____

Breed: _____ **Dog's Age:** _____ **Dog's Sex:** M / F

What do you want to accomplish in this class? _____

All dogs handled by a minor must have prior approval from instructor. Child must weigh at least double the dog's weight in order to control dog. Children must be supervised through entire class.

Check your schedule and remit this form, vaccination record and your class choice to Town & Country Animal Care Center.

Your spot in class is not reserved until completed registration form, current vaccine information, and full payment are received.

Payment is NON-REFUNDABLE. Initial: _____

All checks are made payable to: **Town & Country Animal Care Center**

We at Town & Country Animal Care Center want to see you and your pet succeed with our training classes. Practice at home is important and will ensure that your pet will be an enjoyable and trusted family companion.

***** I understand that I am solely responsible for myself, my pet, my children, guests, and all personal belongings while on Town & Country Animal Care Center property. *****

Signature: _____ **Date:** _____

Credit Card #: _____ **Expiration Date:** _____



Accident / Injury Release Waiver

**If you have already participated in a class this year, you do not need to fill out this waiver.
We need only one waiver filled out per calendar year.**

Owner's Name: _____

Dog's Name: _____

Class: _____

Date: _____

I, the undersigned, recognize, acknowledge, understand and agree that dog training or a practice session is not without the risk of harm, injury or damage to myself, members of my family, my guests and others who may be in attendance, or my dog. Because some of the dogs, including my own, to which I (we) will be exposed may be difficult to control and cause injury or damage even when managed and handled with the greatest amount of care.

In consideration of and as an inducement to the acceptance of my application for training my dog (s) and /or me, I hereby agree to indemnify and hold harmless Town and Country Animal Care Center, employees and agents for any and all claims made by me or any member of my family or any other person while on the grounds or surrounding area thereto as a result of any action by any dog, including my own, or for any other reason.

I hereby discharge and release Town and Country , its employees and agents, of and from all liability, actions, causes of action, suites, accounts, contracts, damages and any and all claims, demands from action, conduct or behavior of my dog or any other dog.

Signature of Owner or Authorized Agent (Parent / Guardian must sign for Minors)

Date _____