



# STARTING OFF ON THE RIGHT PAW PUPPY TRAINING

{Level 1}

## REGISTRATION FORM

Liability Waiver:

I hereby agree to hold Dr. Patrick Melese, Francine Crocker, Veterinary Behavior Consultants, owners of facility used, and their owners, directors, instructors, independent contractors, agents, trainers, employees, volunteers and representatives harmless from any and all liability for any loss, damage or injury to any person, animal or property, that may have arisen out of, or be connected in any way with, participation in training classes held or sponsored by Dr. Melese or Veterinary Behavior Consultants.

Furthermore, I assume all responsibility for any loss, damage or injury to myself, people I may bring, my dog, or my property, which may have been caused by negligence, or any act, of any person connected in any way with the above-said classes.

I hereby certify that the dog(s), that I enter in these classes, will have received a full course of "puppy vaccines", (against at least: Canine Distemper, Canine Viral Hepatitis, Parainfluenza, Parvovirus, and with **minimum** 1 injection at least 1 week prior to class. Bordatella (Kennel cough) is **highly** recommended, will be 10-16 wks old by the second session, and is keeping **current on a veterinarian approved vaccination program**. I understand sick puppies will not be permitted to participate and there will be no refunds for missed classes for any reason once the class has started.

**I have read the above information and understand and freely agree to abide by the statements:**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name (owner) \_\_\_\_\_ Dog Name \_\_\_\_\_ Country of Origin \_\_\_\_\_

Address \_\_\_\_\_ Breed or Mix/Sex \_\_\_\_\_ / \_\_\_\_\_

City \_\_\_\_\_ Dog's Birthdate/Age \_\_\_\_\_ / \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone: H- \_\_\_\_\_ W- \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address for class communications \_\_\_\_\_

How did you find out about this class ? \_\_\_\_\_

Who is your family veterinarian or hospital? \_\_\_\_\_

PLEASE MAKE OUT CHECK FOR \$130 TO: **Patrick Melese DVM**

**Mail to: 4824 Brookburn Dr. ; San Diego, CA 92130**

**Tel: 858-259-6115 FAX: 858-259-0013 [www.sdvvetbehavior.com](http://www.sdvvetbehavior.com)**

[Unless otherwise instructed, classes meet in Del Mar/Carmel Valley area from 6:30-7:30 PM Tuesdays]

**PLEASE LEAVE YOUR PUPPY AT HOME FOR THE 1ST CLASS !**

**Please Fax or mail written evidence of vaccination prior to or at first class**

{Only your payment and our acceptance of you registration reserves your place in class.

We reserve the right to decline enrolling a puppy. Sick puppies not allowed in class. No refunds after the beginning of the class]

Staff member enrolling owner: \_\_\_\_\_

Date \_\_\_\_\_

\* Refund policy is full refund up to 2 weeks prior to class start, 50% within 2-13 days prior to class and 25% day prior. No refunds on or after first day of class since we form class based on sufficient puppies to form a "play group."