

WONDERFUL FRIENDS

Lynne Dunham, Director

25 years experience, member of Association of Pet Dog Trainers, and Certified AKC Canine Good Citizen evaluator

Enrollment Application for 6 weeks Dog Training Classes

Training Agreement and Registration Requirements:

I hereby apply for enrollment in the Wonderful Friends training class indicated below. As a condition of enrollment, I hereby certify that my dog has received a full series of shots within the last year for the following canine diseases: DHPP, Fecal, and Bordatella (required every 6 months). If my dog is a puppy under 20 weeks old, I guarantee that my puppy has all shots appropriate to its age and will **fax** all appropriate records before class registration. I understand that the enrollment fee is non-refundable unless I request to drop out of the class, in writing, three days before the class starts. If an emergency arises that causes me to drop out during the class, I may, with instructor approval, transfer to a later class. Remember certain classes have a dog limited space and early registration is advisable.

Owner/Handler: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Work: _____

Cell: _____ E-Mail: _____

Dog's Name: _____ Breed: _____

Dog's Age: _____ Date of Birth: _____

Problems: _____

Veterinarian name: _____ Phone #: _____

I am the owner of the pet named or described above (or authorized agent of the owner). I consent to my pet(s) participating in the Wonderful Friends Training at Seneca Hill Animal Hospital, Resort & Spa (Seneca Hill) I authorize Wonderful Friends or Seneca Hill to contact the veterinarian named above to confirm information about my pet. If Seneca Hill or Wonderful Friends in its sole discretion determines that medical treatment for my pet is advisable, I consent to Seneca Hill acting on my behalf to obtain veterinary care for my pet at my expense. If Seneca Hill determines in its sole discretion that such care should be provided by the Animal Hospital at Seneca Hill, I consent to Seneca Hill providing such treatment, including but not limited to the use of such anesthesia and sedatives as Seneca Hill in its sole discretion deems advisable. I have had the chance to ask questions and I understand and I understand that training, activities and/or medical treatment, including but not limited to the use of anesthesia or sedatives, present risks. I fully release Wonderful Friends & Seneca Hill that training, activities and/or medical treatment, including but not limited to the use of anesthesia or sedatives, present risks. I fully release Wonderful Friends & Seneca Hill, its officers, directors, owners, employees, agents, contractors, successors, assignees, representatives and affiliates from, and will indemnify and hold them harmless from and against, all liability for any injury, expense and/or damage whatsoever arising out of, related to or in connection with my pet's training, activities and/or medical treatment at Seneca Hill. I will promptly pay all fees and charge incurred at Seneca Hill. I authorize Seneca Hill to charge my credit card account, if so provided, for any outstanding invoices.

Date of Class start up: _____ Referred by: _____

Payment Enclosed: \$150 Puppy Kindergarten \$150 Teen/Adult Obed. Session \$175 Feisty Fidos
 \$150 Obedience Level I \$150 Canine Good Citizen \$150 Good Manners Refresher \$50 Private
lesson held at Seneca Hill \$75 Private Lesson in your home

Signature _____ DATE _____

Please fill out and mail checks payable to: **Wonderful Friends**, 12 Regis Circle, Sterling, VA 20164

Or email at info@wonderfulfriends.com

Questions call (703) 406-8920 – Fax (703) 406-3304