

Pet's Name:	Pet	Pet Parent's Name:		
Address:				
Phone Number:	Eı	mail Address:		
Breed:	Date of B	irth://	<u>'</u>	
Please circle the appropriate	e selection:			
Is your pet spayed or neuter	red? Yes No Is	your pet current o	on vaccinations? Ye	es No
Training Session: Class	Private Session	In-Home Sessi	on Board and Tra	ı in
Start Date:	Star	t Time:	AM/PM	
Waiver and release of Leader of the participation in Leader of the Pacactivities associated with Leader of behavior. By signing this form, yether isks associated with dogs and Institute, LLC its owners, employed kind including bodily injury to you occurs during or after any activity shall not be liable in contract or to incidental, or consequential dama or otherwise. Parent's Signature (Must be	the Pack Canine Institute, LL of the Pack Canine Institute, LL of the Pack Canine Institute acknowledge that you dog activities. You held ees, associates, contractou, other persons, animally or at any time in the fort (including negligenous arising out of or in	nte, LLC: Animal behace training, education titute, LLC. is not a grou and anyone involve reby release and hold etors, and heirs harmleals, or property, whet future. Leader of the leader of the lace and strict liability) a connection with its per	, obedience classes or an arantee of your pet's fundered on your behalf undered Leader of the Pack Camess for any and all claims her such injury or dama Pack Canine Institute, I for any indirect, special	ny uture stands nine as of any age LLC
Print Name:				
Date:				