

**Cloverleaf Animal Hospital**  
7777 Greenwich Rd. Westfield Center, OH 44251  
330-948-2002 cah@cloverleaf.org

**CLASS REGISTRATION FORM**

I have enclosed my **check** in the amount of \$\_\_\_\_\_ made payable to **Cloverleaf Animal Hospital**, and a copy of my dog's current vaccinations (Bordetella, DHLPP, Parvo, and Rabies), negative fecal (within a year) and negative Heartworm test in accordance with your dog's heartworm preventive schedule.

Class: \_\_\_\_\_, starting on \_\_\_\_\_ at \_\_\_\_\_ o'clock.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Have you or your dog had any previous training (agility, obedience, conformation, field, tracking, lure coursing, go-to-ground, etc.)? If yes, please describe briefly below.

**WAIVER AND RELEASE: MUST BE SIGNED**

I understand that participating in dog training classes includes an element of risk for both myself and my dog. I agree to abide by any decision of an instructor relative to the dog's and my ability to complete the course safely. I further assume any and all risks associated with participating in this course including, but not limited to, illness, falls, contact with other participants and dogs, and surface conditions, all risks being understood and appreciated by me. I also affirm that the dog that I will be participating with has current vaccinations appropriate to his/her age. I agree to abide by all rules of the course.

Having read this waiver and knowing these facts, and in consideration of the acceptance of my registration, I hereby for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue. I further waive, release and discharge Cloverleaf Animal Hospital, including any of its volunteers or employees in any way assisting or connected with this course from any claims or liability of any kind whatsoever arising out of my participating in this course.

I also understand that Cloverleaf Animal Hospital may use, for publicity or promotional purposes, pictures of me or my pet without liability or obligation to me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If Minor, parent's or guardian's signature

Enrollee's Printed Name

