



Pawsitively Good Pup

Cindy Hoppes
338 Edgewood Dr.
Berea, OH 44017

Class: Basic Primer (\$10/session) Clicker tricks O-gility 6 weeks \$120 Location: _____
Class: CGC Pre-Agility Intermediate 6 weeks \$120 Start date: _____
Private In Home Lesson: \$65/hour \$80 evenings/weekends

Owner

Name: _____
Complete Address: _____
Phone: _____ (home) _____ (work) _____ (cell)
E-mail (PRINT CLEARLY): _____

Dog

Name: _____
Breed(s): _____
DOB: _____
Spayed / Neutered (circle if applies)
Shots up to date (required for class): Yes No
Has your dog ever been aggressive to people or dogs? If yes, explain. _____
What are you specifically looking to work on in class? _____
How did you hear about us? _____

I, _____, do hereby release and waive any rights I may have by law to hold

Crossroads Animal Hospital city of Berea Paws in the Woods Westlake Animal Hospital Other

and/or the instructor (Cindy Hoppes) liable for any injury that I or my pet may sustain from any other dog or my own dog, or any other property (not including willful or malicious conduct) through the participation in the obedience class.

I understand that there are some risks in this class situation where the temperaments of the other dogs are unknown to me. I assume full responsibility for any injury to myself, my dog, or other property which may occur during the lesson.

I understand it is my job to maintain control over my dog at all times. Some behavior problems are caused by boredom and frustration. I agree to follow the exercise or activity Programs recommended to combat these issues. I understand that failure to do so will nullify this contract.

I hereby certify that I am over 18 years old and have read and understood the above waiver. I understand that with my signature I am holding a place in class and that I must cancel seven (7) days prior to lecture to receive a refund. No refund will be made after that time; however, at the discretion of the instructor, make-up classes may be allowed.

Signature: _____ Date: _____