

Colorado Dog Works Enrollment Form

Your Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____

Cell: _____

Email: _____

Would you like to be notified of upcoming classes and dog related events? Y N

How did you hear about us? _____

Dogs Name: _____

Breed: _____

Age: _____ Sex: M F Spayed/Neutered: Y N Age at time of Spay/Neuter _____

Where did you acquire your dog? _____

How old was your dog when you acquired it? _____

Please list (in order of importance) any problem behaviors that you would like to lessen or go away:

Please list any specific goals or interests that you may have for your dog:

Payment in full is required to secure enrollment in group training. Refunds are given only if notification of cancellation is received seven days prior to the start of group training. Private training packages must be used within 6 months of purchase.

Please make checks payable to Colorado Dog Works

Mail enrollment form and payment to:

Colorado Dog Works

1916 Sheldon Ave.

Colorado Springs, CO 80904

I hereby waive and release Colorado Dog Works LLC and employees or agents from any and all liability of any nature, for injury or damage which I or my dog may suffer, including but not limited to, any injury, damage, or death resulting from the action of said dog, or any other dog, and I expressly assume the risk of any such damage or injury while attending any training session with Colorado Dog Works LLC. I hereby agree to indemnify and hold harmless Colorado Dog Works LLC, employees and agents from any and all claims by any member of my family or any other person accompanying me to any training session or function, as a result of any action by any dog, including my own, or for any other reason.

Signature: _____

Date: _____

Group class and start date: _____