



Oh Behave Dog Training

www.ohbehavedogtraining.com

(954) 587-2711

dawnhanna@ohbehavedogtraining.com

ARFINGTON GROUP CLASS REGISTRATION AND RELEASE FORM

Owner's Name _____

Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Dog's Name _____ Breed _____

Dog's Age _____ Dog's Sex _____

Email Address _____

Spay/Neutered _____ Referred By _____

I, _____, being of lawful age and the owner of _____,
(your name) (dog's name)

understand the educational purposes of Oh Behave Dog Training, and in consideration of being allowed to participate in the training program provided by Cosmopolitan Dog, Inc, dba Oh Behave , hereby agree on behalf of myself, my spouse, heirs, legal representatives, assigns, guests, invitees, and my insurer that: I am fully aware and acknowledge that training can cause stress in dogs and that the training will be done in the presence of other persons and animals; I am fully aware of the risks and dangers involved and hereby accept full responsibility for any and all risks of bodily injury to myself, my dog, or to any other person and/or animal which results from the attendance and participation in such training. I hereby release Oh Behave, Cosmopolitan Dog, Inc., Arfington Pet Resort, Metzpets LLC, their officers, agents, directors, employees, representatives, other enrollees, and the instructor/trainers from any and all claims, demands, expenses, and liability, whether from personal injury, death, property damage, violations of law which is caused by the undersigned and which in any way arises out of or relates to a function or activity of Oh Behave.

I have carefully read and understood the Release and Hold Harmless agreement and am executing this instrument voluntarily.

Date _____ Signed _____ Print Name _____



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VACCINE AND HEALTH INFORMATION

Health Verification

This form must be completed and signed by a veterinarian. Receipts for vaccines may not be substituted. The dog may not participate in class without this completed, signed form. No exceptions.

Dear Veterinarian:

_____ (name of owner) has enrolled their dog in a training program with Oh Behave. We want to verify that all dogs are in good health before the training program begins.

We would like to certify that _____ (name of dog) is in good health, is current on vaccines, and has no medical problems that would create or aggravate behavior problems, or be aggravated by training. We would appreciate it if you would take a few minutes to record the following information for us so that we can proceed with training.

Vaccinations

DHLP	_____	RABIES	_____
	Date	(required)	Date
PARVO	_____	BORDATELLA	_____
	Date		Date
CORONAVIRUS	_____	FECAL CHECK	_____
	Date		+/- , Date

_____	_____	_____
Veterinarian's Signature	Date	Hospital Name or Stamp



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CLASS INFORMATION FOR DOG OWNERS

What to bring to class:

- Dog student
- Nylon buckle collar
- Six foot leash (no retractable leashes)
- A small bag of favorite treats cut or broken into little pieces
- Broward County Rabies Tag
- Water for you and your dog

Each dog must have an adult handler that participates in the class. Aggressive dogs are not allowed. The dog must be at least 5 months of age. These classes are **outside**, so I also recommend that you wear comfortable clothes and shoes and bring sunscreen.

Arfington Pet Resort is located near the intersection of Commercial Blvd. and and 441 at 3910 NW 49 Street, Tamarac, FL 33309.

Classes begin at 7:00pm. Each class is approximately 50 minutes in length.

Please complete forms and enclose check for \$150 payable to:

Oh Behave

Please mail completed forms pgs 1-2 to:

Dawn Hanna
Oh Behave
2542 Whale Harbor Lane
Fort Lauderdale, FL 33312