



# Oh Behave Dog Training

www.ohbehavedogtraining.com

(954) 587-2711

dawnhanna@ohbehavedogtraining.com

## TEACHING TRICKS 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, Plantation Heritage Park, Broward County, 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



**CONTRACT CLASS RELEASE, INDEMNITY, AND WAIVER OF LIABILITY**

**NOTICE:** This form contains a release and waiver of liability and when signed is a contract with legal consequences. Please read it carefully before signing your name.

**TO BROWARD COUNTY:** In consideration of the opportunity afforded to me to participate in the activity described herein, I, the undersigned participant (or parent/guardian), freely agree to and make the following contractual representations and agreements.

I, the undersigned participant (or parent/guardian), expressly acknowledge and realize the risks and dangers associated with the activity described below and the possibility of serious physical injury or death that may result from my or my child/ward's participation in such activity.

I, the undersigned participant (or parent/guardian), do hereby knowingly, freely, and voluntarily assume all risk and liability for any damage or injury that may occur as a result of my (or my dependent's) participation in the activity and agree to **release, waive, discharge, and covenant not to sue Broward County**, its officers, agents, employees, and volunteers (all for the purposes herein referred to as the "Releasees") from any and all liability to myself, my heirs, legal representatives, and assigns, or a third party directly or indirectly in connection with, or arising out of, my (or my dependent's) participation in the activity, **whether caused in whole or in part by the negligence of the Releasees. I, further agree to indemnify and hold harmless the Releasees from any and all liability resulting from claims, causes of action, or losses sustained by third parties arising out of, my and/or my child's/ward's participation in the activity.**

I, on behalf of myself, or as parent/guardian of the dependent named herein, do hereby grant full permission to Broward County to use photographs, videotapes, recordings, and any other record of the activity for any legitimate purpose whatsoever.

I, the undersigned participant (or parent/guardian), have read this form, fully understand its terms, and understand that I, on behalf of myself (or my dependent described herein), have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of any and all liability to the greatest extent allowed by law and agree that if any portion of this contract is held to be invalid, the balance notwithstanding shall continue in full legal force and effect.

Today's Date	Park Name
<hr/>	
Activity	
<hr/>	
<hr/>	
Dates of Activity	
<hr/>	
Name of Participant (Print)	
<hr/>	
Parent/Guardian Name and Signature (if participant is under 18)	
<hr/>	
Emergency Contact and Phone #	
<hr/>	



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## TEACHING TRICKS CLASS INFORMATION FOR DOG OWNERS

Please complete forms and make check for \$110 payable to:

***Board of County Commissioners***

The park also accepts cash and major credit cards.

### What to bring to class:

- Dog student
- Nylon collar
- Six foot leash
- A small bag of favorite treats cut or broken into little pieces
- \$1.50/person park entrance fee
- Broward County Rabies Tag
- Water for you and your dog
- A clicker (optional—available in pet supply stores)

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.

Plantation Heritage Park is located off Peters Road in Plantation at 1100 S. Fig Tree Lane, Plantation, FL 33317.

Classes begin on Saturday, January 14, 2012, at 11am. The first class will meet at the park office. Classes will be held every Saturday after that at 11am for 5 more consecutive weeks. Each class is approximately 50 minutes in length.