

**UNIVERSITY OF DOGLANDO
TRAINING ENROLLMENT FORM**



PERSONAL INFORMATION	
NAME:	
PHONE NUMBER:	
ADDRESS:	
EMAIL:	
HOW DID YOU HEAR ABOUT US?	

CLASS INFORMATION		
CLASS NAME:	<input type="checkbox"/> PREK9 <input type="checkbox"/> PUPPY ENRICHMENT <input type="checkbox"/> AA <input type="checkbox"/> BS	<input type="checkbox"/> AGILITY <input type="checkbox"/> JR HIGH <input type="checkbox"/> PRIVATE <input type="checkbox"/> OTHER _____
ORIENTATION DATE:		
CLASS START:	CLASS GRADUATION:	

DOG'S INFORMATION	
NAME:	
BREED:	
SEX:	
NEUTERED?	
TRAINING GOALS:	1. 2. 3.

UNIVERSITY OF DOGLANDO



INFORMED CONSENT AND RELEASE

I _____ understand that attendance of daycare/training/boarding/grooming is not without risk to my dog, because there may be circumstances under which my dog may get injured, that is difficult to control even when handled with the utmost care and caution.

I hereby voluntarily agree to indemnify and hold harmless University of Doglando, its employees, owners and agents from any claims due to any damage my pet may cause to any family member(s), dog(s) or third party, during or after daycare/training/boarding/ and grooming, or while on the grounds or surrounding area, therefore a result of any action by my dog. I have had full opportunity to discuss all concerns I have about the foregoing risks with such parties, I deem appropriate. I have also made all inquiries and investigations related to such risks as I deem necessary, including, but not limited to, and examination of the daycare/training/boarding/grooming areas.

In the event that University of Doglando deems it necessary to employ legal counsel to protect its rights under this agreement, the owner of the dog agrees to pay all expenses incurred by University of Doglando to enforce its rights under this agreement including, but not limited to, cost and reasonable attorney's fees.

I hereby certify that my dog has never bitten a human being or another dog or domestic animal and I am not aware of my dog's propensity to do so. Thus, I acknowledge, and agree to all conditions of which my dog may be requested to permanently leave during, at the end of any of the services enrolled at the University of Doglando. In the event my dog is expelled from any such an activity, I acknowledge I may or may not receive a refund. I also understand that University of Doglando reserves the right to separate or move my pet to another area of their facility, should they deem necessary. I am aware of University of Doglando's time out and dog fight protocols and give them my consent to use any form of redirection as they deem appropriate.

I understand that a photo ID will be required to release my pet at time of check out. If I neglect to pick up my pet within the designate time frame for pickups, I understand that I may be charged a late pick up fee. If I neglect to pick up my pet by the time the facility closes, I may be subject to overnight boarding fee. In the event that my pet is not picked up beyond that I will be subject to both daycare and boarding fees, in addition to feeding costs and any other medical expenses as necessary. If I neglect to pick up the animal within five (5) days of written notice that it is ready for release and mailed to the above address, we may assume that the pet is abandoned. You are then authorized to start abandonment procedures and re-home or euthanize the pet as you see fit. Abandonment, however, will not release me of my obligation for the bill.

If my pet should injure itself in an attempt to escape, refuse food, soil itself, become ill, or die while at the University of Doglando, I will hold University of Doglando and staff of University of Doglando free of any responsibility or liability in the absence of negligence. I understand and abide by all University of Doglando rules, and regulations, and certify that my dog is current and up to date on vaccinations, flea and tick preventative, and heart guard medications. Also, I certify that my dog has not been quarantined within the last 3 months and is free and clear of any airborne or other transmittal diseases.

By executing this agreement, I acknowledge that all University of Doglando services must be paid in the full amount and that refunds may or may not be issued. I acknowledge that classes, scheduled visits, will be continues as scheduled and University of Doglando will not be responsible for time lost. Also any sessions/classes/visits that are not cancelled within 24 hours are subject to being charged. If you cannot attend a scheduled activity, please call 407-574-3160 to prevent being charged. I understand and agree that there are absolutely no refunds after services are rendered.

I have read and fully understand, and agree to the above contract terms.

Owners Name: _____

Owners Signature: _____

Date: _____ / _____ / _____

Phone #: _____ - _____ - _____

Dog's Name: _____