



Customer Registration Record

Please complete and bring this form with you before training commences.

Owners Name: _____

Telephone Contact: _____

Best way to reach me on short notice (e.g., snow cancellation, etc.)? If different from above _____

Email: _____

Home Town: _____

Name of dog: _____ **Age of dog:** _____

Breed/Mix of dog: _____

Class Attending: _____

Behaviour issues (if any): _____

How did you hear about MELLOR DOG SCHOOL? (please circle)

Internet/MDS Website/Facebook/Recommendation/Word of mouth

Other: (please state)

GROUP CLASSES: I understand that group classes are not appropriate for all dogs. I have provided MDS with accurate information to the best of my ability about my dog, my dog's habits, health, behaviour and training. However, I understand that, at the discretion of the instructor, any team may be removed from class. Whenever possible, MDS will recommend a private training session before you can resume classes. Reasons a dog and handler team may be removed from class include, but are not limited to: excessive barking, potentially unsafe around other dogs or people in the evaluation of the instructor, or not sufficiently in control by the handler during class. MDS does not offer refunds.

Initial: _____

CONTRACT/DISCLAIMER: Read carefully. By initialling and signing, you indicate you agree with these terms.

LIABILITY: Mellor Dog School (MDS) will endeavour to create as safe an environment as possible for the training of my dog/dog's and will offer only sound, safe, and responsible training and training instructions. However, I recognise that MDS is not responsible for any unintentional errors, omissions, or incorrect assertions. Further, I acknowledge and understand that my dog/dogs are always under my duty of care and I will always remain responsible for their actions and to the risk of dog bites to myself or others, during play/canine socialisation, during class/agility and throughout the entire training session. I hereby agree to indemnify and hold harmless MDS of any and all claims of injury, expense, illness, costs, or damages caused by the actions of my dog/dogs while under MDS instruction or control.

Initial: _____

This contract is validated by my name and date below in total and as approval for future services without additional written authorisation.

Name: _____

Signature: _____

Date: _____

Vaccination record viewed Yes/No

***Please read the classes section of this website to clarify what to bring with you.**