

TRICK TRAINING

**GAIL PARKS
315-651-5928
CERTIFIED DOG TRAINER
TRAINING AT PHOEBE'S K9 RESORT**

Name: _____ Referred By: _____

Address: _____

City: _____ State: _____ Zip Code _____

E-Mail Address _____

Home Phone: _____ Cell Phone _____

Dog's Name _____ Breed: _____

Dog's Age: _____ Birth Date: _____ Sex: Male__ Female__ Spay/Neuter YES__ NO__

Vet's Name: _____ Vet's phone Number _____ Shot Records: Yes__ NO__

This is a **Trick Training Class**. Class will meet for approximately 1 hour.

Release of Liability

I, (Owners Name) _____, as the legal owner of (Dog's Name) _____, do hereby waive and release Gail Parks, training at Phoebe's K9 Resort, 92 Garden St. Seneca Falls, NY from any and all liabilities of any nature. I agree to take complete responsibility for the actions of my dog, and myself, before, during, and after class. At no time will the instructor of this class be liable or responsible for the actions of myself, my dog or any other person who accompanies me to class.

Owners signature: _____