

CANINE ACADEMY

CONTRACT

Name _____ Phone number _____

Address _____ City _____ Zip _____

Email Address _____

Breed of Dog _____ Age: _____ Sex _____

Dog's Name _____

How did you learn about these classes? _____

Please enroll me in:

Type of Class: _____

Start Date & Time: _____

RELEASE

I hereby release the CANINE ACADEMY, its owners, agents, and employees from any and all liability for injuries and damages sustained by myself or my dog while I am on the premises occupied by said school for the purpose of attending, instructing (with or without compensation) and/or observing classes, or for any other purpose whatsoever. I further agree to save, indemnify and hold harmless the said CANINE ACADEMY, its owners, agents and employees from any and all causes of action and damages caused or contributed to by myself, my dog or any person or animal in my company.

NO REFUNDS WILL BE MADE. Credit can be issued for any cancelled course, provided that notification was given 24 hours beforehand and if a credit slip has been issued. Credit will be valid for any training program.

I have read and agree to all of the above. (if under 18, parent must sign)

Handler's signature _____ Date _____

You may either FAX, email, or send back contract with deposit or full tuition.

METHOD OF PAYMENT

Check or Money Order Enclosed Cash

VISA MASTERCARD

_____ - _____ - _____ - _____ Amount Authorized: \$ _____

Signature _____ Exp. Date: ____ / ____ / ____

Canine Academy
377 W. Lincoln Hwy.
Penndel, PA 19047

215-757-8193
Email: k9info@canineacademypa.com
Fax: 215-355-1491