



Obedience Training and Behavior Management
alwaysfocuseddogs@gmail.com
(519) 379-6414

Dog and Owner Information for Registration

Liability Waiver

Private and Group Sessions

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Cell: _____

Dogs Name: _____ Breed: _____

Dogs Age: _____ Birthdate: _____

Email: _____

Preferred Contact : Phone: _____ Email: _____

Neutered M Spayed F

Vets Name: _____ Phone: _____

I, (Owner's Name) _____, as the legal owner

of, (Dog's Name) _____ do hereby waive and release Allison Groff and 'Always Focused Dogs' 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 the class/ session. At no time will Allison Groff be liable or responsible for the actions of myself, my dog or any other person that accompanies me/ or is present at the class/session.

Owners Signature: _____

Date: _____



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Dog and Owner Information – Pg. 2

Emergency contact Info:

First : _____ Last : _____

Emergency contact's Phone # : _____

In 2 or 3 sentences, what are your primary training goals?

Does your dog have any history of biting or aggressive behavior?

Are there other animals at home?

How many family members in the household?

Kids?