



Paws In Place Use Only
Total # of visits:
Dates of visits:
Total Paid:

Owner Information

Personal Information

Owner Name(s): _____

Address: _____
Street Address *Apartment/Unit#*

_____ *City* *State* *ZIP Code*

Home Phone: _____ Alternate #: _____

E-mail: _____

Pet Information

General Pet Information

Pet(s) Name: _____

Age: _____ Male or Female
(Please circle one)

Breed: _____ Spayed or neutered? Yes No
(Please circle one)

PIP USE ONLY
Training Goals and Breakdown: _____

Trainer notes: _____

Waiver Form

Policies and agreements

1. I understand that Paws In Place does not guarantee results, training does not quick fix my dog, it offers a lifestyle that must be maintained. Training results will depend on my doing the homework outlined, maintenance training, and my dogs temperament. _____ Initial
2. I understand that dog training may involve risks to myself, members of my family, or my dog(s). I assume all risks associated with participating in this training, and will not hold Paws In Place or its trainers/instructors responsible in the event of injury to myself, family members or my dog(s). _____ Initial
3. I understand that damage to Paws In Place, public, or my private property is my sole responsibility, and that Paws In Place is not liable to cover damages. _____ Initial
4. I understand that all dogs participating in Paws In Place private training must be clean and healthy, meaning free of any infectious disease, and clear of fleas. _____ Initial
5. I grant permission to Paws In Place to use my pet's photograph(s) and/or video(s) taken during training for educational and promotional purposes in any type of media. _____ Initial
6. I hereby agree and covenant for myself, my heirs, executors, administrators and anyone else who my claim on my behalf to waive, release, and discharge Paws In Place and its employees from and all claims arising out of or in connection with or in any way related to this training. _____ Initial

We accept Cash, and checks only. Bounced checks will be charged an additional \$40

**By Signing I certify that I have filled out, read, understood,
and agree to the above form, statements, and conditions.**

Owner's Name (please print clearly)

Owner's Signature

Date