

## Bark Place Training Application

### Requested Class:

Class Name \_\_\_\_\_  
Class Start Day \_\_\_\_\_ Start Date \_\_\_\_\_

### Contact Info Needed:

Owners Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_ Best Tel# \_\_\_\_\_

Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_

Sex (M/F) \_\_\_\_\_ Birth Date or Approx Age \_\_\_\_\_ Weight \_\_\_\_\_

Is your dog Current on all Vaccinations? \_\_\_ Is your dog Vaccinated for kennel cough? \_\_\_  
(Please bring copy of vet records to first class)

### My Training Goals:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I warrant that my dog is current with all vaccinations required by law, and that my dog is healthy to the best of my knowledge. I understand that interactive Training has some risks. We use experienced dog trainers but dogs are not always predictable and the unexpected may occur. We care for your dog as if it were our own. Bark Place Inc. is not responsible for any accidental injury or death. Owner agrees to be responsible for any property damages by pet. I agree that I have read and understand the rules and conditions for Bark Place Inc. I understand that my dog, my guests or I may be videotaped or photographed and that these images become the property of Bark Place Inc. I agree to release, hold harmless, acquit, and will indemnify and forever discharge the corporation from all and in all manner of action and actions, suits, damages, judgment, executions, claims and demands whatsoever in law or in equity, which I or any person I have with me during training at Bark Place Inc.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Bark Place Inc.**, 1721 Washington St., Boston, MA 02118 #857-362-7494, [www.barkplacesouthend.com](http://www.barkplacesouthend.com)

### Office Use Only:

Paid by Cash \_\_\_ Check \_\_\_ Credit Card \_\_\_ Date \_\_\_\_\_