

**Hurley Veterinary Hospital**  
"Gentle Solutions", Dana Davis, Instructor  
Pet Training Enrollment Form

\_\_\_\_\_ Start Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Customer's Name

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Pet's Name      Breed      Age of Pet      Today's Date

\_\_\_\_\_ (Day)      \_\_\_\_\_ (Evening)  
Telephone #

\_\_\_\_\_ Address      \_\_\_\_\_ City, State, Zip Code      \_\_\_\_\_ Email Address  
\_ Puppy Education    \_ Beginner Education    \_ Intermediate Education  
\_ Advanced Education    \_ Canine Good Citizen

Your pet must be current on all vaccines listed below. Please bring a current copy of your pet's vaccination records to your first class.

Is your pet in good health?    Y    N

Is your pet current on these vaccinations?    Y    N

**Rabies\*    Parvovirus    Distemper    Parainfluenza    \* Age Appropriate**

Has your pet been spayed or neutered?    Y    N

Has your pet had previous training?    Y    N

If so, please list \_\_\_\_\_

What do you feed your pet? \_\_\_\_\_

Other health or behavioral issues: \_\_\_\_\_

How did you hear about Gentle Solution's? \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_ Veterinarian Telephone # \_\_\_\_\_

I understand and agree that Hurley Veterinary Hospital shall not be liable for any injury or damage to any person, animal or property which results from the training or behavior of my pet. I also understand and agree that any child under the age of 16 must be accompanied by an adult. I further agree that Hurley Veterinary Hospital and its employees shall not be held liable for any costs or expenses incurred as a result of my pet's participation in the program. Hurley Veterinary Hospital reserves the right to refuse or terminate training services to any pet at any time.

**Pet Parent Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_