



## Training Classes

### Client Information (please print legibly)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone(s) \_\_\_\_\_

Email \_\_\_\_\_

### Information about Your Pet

Name of Pet \_\_\_\_\_

Breed \_\_\_\_\_

Color \_\_\_\_\_ Age \_\_\_\_\_ How long owned? \_\_\_\_\_

Behaviors you want to address \_\_\_\_\_

Training a pet is an ongoing activity and we encourage you to continue building this special relationship with your pet.

*I certify that my pets vaccinations are up to date. I release MHHS from any claims, liability or damage relating to participation in the MHHS training program, and I waive my right to raise any claims against the MHHS staff, board, volunteers and city and/or county government relating to the MHHS training program or the information I receive through that program.*

\_\_\_\_\_  
Signature of Pet Owner

\_\_\_\_\_  
Signature of MHHS Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date