



# Registration Form (Short Form)

TYPE OF CLASS \_\_\_\_\_

HANDLER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

DOG'S NAME \_\_\_\_\_ BREED \_\_\_\_\_

COLOR \_\_\_\_\_ GENDER MALE / FEMALE \_\_\_\_\_

AGE \_\_\_\_\_ NEUTERED/SPAYED YES/NO \_\_\_\_\_

IS YOUR DOG CURRENT ON ALL VACCINATIONS? \_\_\_\_\_

SMRTDOG  
Jamie Bozzi  
3572 4th Avenue, Apt B  
San Diego, CA  
92103

619-246-5634

*In order to reserve  
a seat in class,  
please complete  
this form and mail  
the ORIGINAL  
(no copies please)  
with a \$20  
non-refundable  
deposit to:*

SMRTDOG  
3572 4th Avenue, Apt B  
San Diego, CA  
92103

*Please make checks  
payable to  
Jamie Bozzi.*

**NOTE: DURING THIS CLASS WE WILL BE DEMONSTRATING FOR YOU SOME TECHNIQUES THAT YOU MAY WISH TO USE TO TRAIN YOUR DOG. YOU WILL AT TIMES BE THE TRAINER/HANDLER FOR YOUR DOG**

PLEASE READ AND SIGN THE FOLLOWING:

I AM VOLUNTARILY PARTICIPATING IN DOG TRAINING CLASSES AND ACTIVITIES. I AGREE THAT IT IS MY SOLE RESPONSIBILITY TO MAINTAIN MY DOG UNDER APPROPRIATE AND REASONABLE CONTROL AT ALL TIMES WHILE COMING TO, ATTENDING AND LEAVING CLASSES. I HAVE INFORMED THE INSTRUCTORS IN WRITING, ON THIS FORM, OF ANY AGGRESSIVE EPISODES THAT MY DOG HAS PREVIOUSLY EXHIBITED. I AGREE THAT I AM SOLELY RESPONSIBLE FOR THE ACTIONS OF MY DOG AND I HOLD HARMLESS, DEFEND AND INDEMNIFY SMRTDOG, AND THEIR INSTRUCTOR(S) OR EMPLOYEES, FOR ANY AND ALL INJURY OR LOSS WHICH MIGHT OCCUR AS A RESULT OF MY DOG'S ACTIONS WHILE ATTENDING THIS OR ANY FUTURE CLASS.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

OPTIONAL PHOTO RELEASE

I, \_\_\_\_\_, DO/DO NOT GIVE MY PERMISSION FOR JAMIE BOZZI OR OTHER REPRESENTATIVES OF SMRTDOG TO USE PHOTOGRAPHS OF MYSELF AND/OR MY DOG, FOR ADVERTISING OR PROMOTIONAL PURPOSES, IN PRINT, OR ON THE SMRTDOG WEBSITE. I REALIZE I WILL NOT RECEIVE ANY FURTHER NOTICE OR COMPENSATION FOR SUCH USE.

OFFICE USE ONLY

AMOUNT PAID \_\_\_\_\_ DATE PAID \_\_\_\_\_ CASH/CHECK \_\_\_\_\_