

Can-Do Canine Center Registration Form

Name: _____ Phone #: _____

Address: _____ Work #: _____

Postal Code: _____

Dog's Name: _____ Breed: _____ Age: _____ Sex: _____

PLEASE READ

ALL DOGS MUST ALWAYS BE ON LEASH while in the parking lot and in the building unless the instructor requires otherwise for training purposes. The handler is responsible for the dog's safety at all times

OWNERS are responsible for cleaning up after their dogs. There is a designated exercise area outside between the two buildings and cleanup materials are provided. **DO NOT USE** the grass in front of the building & please clean up after your dog. Anyone not cleaning up will be asked to leave and will not receive a refund.

NSF CHEQUES will be charged \$25.00. This charge and the cheque amount must be paid by cash before continuing with classes. Makeup classes will not be offered to replace any missed sessions due to payment difficulties.

REFUND POLICY: A REFUND WILL BE GIVEN AT THE END OF THE FIRST CLASS ONLY (less \$20.00 class fee). If you require a refund and paid by cheque, then either \$20.00 cash is required before the cheque is returned **OR** a refund cheque will be issued once your cheque has cleared the bank. If classes were paid for in cash all monies paid – less the \$20.00 class fee will be returned.

MAKEUP PROCEDURES: A makeup class can be arranged if a class is missed due to illness – allowing you to take a class at your level during another time slot **IF** there is a compatible level.

WAIVER: Can-Do Canine Center will not be responsible for any loss, injury or damages that may occur upon the premises or in the parking area. Everyone is responsible for their own safety and the safety and welfare of his or her dogs.

IMPROVEMENT GUARANTEED PROVIDING HANDLER AND THE DOG ATTEND ALL CLASSES IN THE SESSION, USE THE PRESCRIBED METHODS AND EQUIPMENT AND PRACTICE ON A REGULAR BASIS DURING THE WEEK.

I have read the above, understand the implications and agree to abide by the same.

Signature: _____ Date: _____

Office use only:

Full Payment

Partial Payment

Form of Payment Cash

Cheque Amount: _____

Balance Due:

Payment Accepted by: _____ Date of payment: _____

Notes: _____