



## Puppy Pre-School Application

Last Name	First Name (Owner)	Name of Handler, if other than owner	
Address	Dog's Name		Age/birth date
City	Zip	Breed of Dog	Sex
Phone: _____			
Home	Work	Cell	Email Address
How did you hear about this class? _____			
Veterinarian _____			

I agree to indemnify, defend and hold harmless Julie Schmitt and Camp Bow Wow, its officers, agents and employees from and against all losses and all claims, demands, payments, suits, actions, recoveries and judgments of every nature and description brought or recovered against Julie Schmitt and Camp Bow Wow by reason of any act or omission of myself or my dog in the execution of the dog training instruction class.

I understand the risks present in a dog training instruction class and freely and voluntarily assume those risks and responsibilities, and further agree to hold harmless and release Julie Schmitt and Camp Bow Wow, its officers, agents and employees from and against all claims for injury, loss or damage to me, my dog or other property as a result of such class.

I certify that the dog(s) that I enter into this class will have received at least 2 courses of puppy vaccines, administered by qualified veterinary personnel. The vaccinations will include: Canine Distemper, Canine Viral Hepatitis, Parainfluenza, Parvovirus, Corona virus, and Bordetella.

All handlers under 18 years old must be accompanied by a parent or guardian at all times.  
**No refunds given after the beginning of the first class**

I have read and understand the above information and freely agree to abide by these conditions.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

**COST OF COURSE IS \$150. WE ACCEPT CASH OR CHECKS PAYABLE TO JULIE SCHMITT.**

**PLEASE REMEMBER DO NOT BRING YOUR DOG TO THE FIRST CLASS!**

Please bring written documentation of vaccinations to the first class

Mail application and payment to: **Camp Bow Wow, 1677 North Marshall Avenue, Ste. A, El Cajon, CA 92020 (619) 448-WOOF (9663)**