Dog Information and Consent Form for Pet Dog Training Classes
Animal Resource Foundation, Inc.

Pawsitive Reinforcement – Beginner ___ Intermediate ____ Advanced ____
Hollywood Hounds_____ Goodpuppy Social Club_____

Name _____
Address_____
City _____State _____Zip Code_____
Home Phone _____Work Phone_____
Cell Phone_____
Email_____
Dog's Name_____ Breed_____
Dog's Age _____Birth date_____
Sex: Male ___Female____ Spay/Neuter? Yes__ No__

Terms & Conditions:

- The refund policy is 100% for withdrawal one week prior to the first day of class (less a $10 handling fee). No refunds/credits will be granted after that point;
- My dog is current on vaccinations;
- I am aware of the risks from handling animals: personal injury or property damage to myself, to my animal(s) or to members of my family;
- If my dog shows aggression toward people or other dogs and/or is highly disruptive to the class, he may not be a suitable candidate for group classes. In that event, I understand that he may be dismissed from class and I will be counseled regarding alternative training options for helping my dog;
- I agree that it is my sole responsibility to maintain my dog under appropriate and reasonable control at all times coming to, attending and leaving classes;
- I agree that I am solely responsible for the actions of my dog and I hold harmless, defend and indemnify Animal Resource Foundation, Inc. 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.

I have read, understand, and agree to the above.

Signature_____Date_____

Optional Photo Release

I _____DO / DO NOT give my permission for representatives of Animal Resource Foundation, Inc. to use photographs of myself, and/or my dog, for advertising or promotional purposes, in print, or on the Animal Resource Foundation, Inc. website. I realize that I will not receive any further notice or compensation for such use.

What to Bring to Class

- A hungry dog and food treats – small bites of hot dogs, cheese (your dog's favorite!)
- Treat bag
- Squeaky toy (small)
- Buckle collar, Martingale style or Gentle leader/Easy Walker – no choke, prong or shock collars.
- 4-6 ft lead (no retractable leads)

Vaccination Requirements

Rabies (required for dogs that are old enough for vaccine)
DACPP (required, 1st round for puppies)

- Distemper
- Adenovirus Type 2
- Parainfluenza
- Parvovirus

Bordetella (recommended)

Other Information

- Class size will be limited. Classes will be filled as registration forms are received.
- Classes will be held at Kent Narrows Center, 61 Piney Narrows Rd., Chester, MD (the old Kent Narrows Outlets) in room 7.
- We encourage children to attend classes and be dog handlers.
- Children under the age of 16 must be accompanied by an adult.

Registration

Please mail or fax:

1. **ARF Dog Information and Consent form**
2. **QAC Rec Department Class registration form**
3. **Proof of rabies vaccination for adults or 1st round of puppy vaccinations for puppies**
4. **Payment**

TO:

Queen Anne's County Parks & Recreation
P.O. Box 37
Centreville, MD 21617

FAX: 410-758-0566

Program Registration

1. Please complete **one registration form for each participant.**
2. Make checks payable to **"Queen Anne's County Parks & Recreation".**
3. If someone other than the guardian will be picking up a minor, please note this on your registration form.
4. Mail registration and payment to: PO Box 37, Centreville, MD 21617
5. We reserve the right to cancel or alter programs that don't meet registration requirements on or before the first day of the program.
6. **The Department of Parks & Recreation accepts Visa & Mastercard for payment.**
7. Fax number - 410-758-0566

Program Registration Policies

*Advance registration for programs is required since most class sizes are limited. **We will not accept registration by phone.**
***No confirmation of registration will be sent.** There will be notification only if there is a cancellation or change.
*Parents are to arrive five minutes before the program's closing to pick up your child. Failure to do so could result in the child's removal from the program.
*When there is a school closing, our programs are canceled. Special school meetings, activities or weather conditions may be reason for program cancellation.
***Refunds are subject to a 20% Administrative Fee.**

Queen Anne's County Parks & Recreation Program Registration Form

Please mail form to: Q.A.C. Parks & Recreation, 1945 4-H Park Road, PO Box 37, Centreville, MD 21617

Participants Name (First/Last) _____
(one form per person please)

M/F: _____ Age: _____ Date of birth: _____ Email: _____

Payee (Adult/Guardian/Parent):
Last Name: _____ First Name: _____
Address: _____ Home Phone: _____
City: _____ Zip: _____ Work Phone: _____

Class Name:_____ Class#: _____ Fee: _____ _____
Class Name:_____ Class#: _____ Fee: _____ _____
Class Name:_____ Class#: _____ Fee: _____ _____
Class Name:_____ Class#: _____ Fee: _____ _____

Trips & Tours Only
Trip Name: _____ Trip #: _____ Fee: _____
Pick up Point: _____

Method of Payment: (check one)
_____ Check or money order (payable to Queen Anne's County Parks & Recreation)
_____ MasterCard _____VISA card number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐
_____ Cash expires ____/____ Signature _____
I agree to pay the above amount listed as credit card charges to County Commissioners of Queen Anne's County according to credit card issuer agreement.

*Medical Information (medication, disabilities, etc.): _____
_____

Pick-up/Emergency Contact: (Name/Number): _____

I recognize the risks of illness and injury in any exercise/physical fitness or education program and am participating in the Parks & Recreation program upon the express agreement and understanding that I am hereby waiving and releasing Parks & Recreation, it's officers, directors, employees and agents from any and all claims, costs, liabilities, expense or judgment, including attorney's fees and court costs (herein, collectively "Claims") arising out of my participating in the aforesaid course/activity or any illness, injury or death resulting there from and hereby agree to indemnify and hold harmless the Parks & Recreation Department from and against all such Claims except Claims proximately caused by the gross negligence or willful misconduct of Parks & Recreation. ***Participants may at some time be photographed for publicity purposes.**

_____ _____
Participant's Signature Parent Signature (if under 18)