



# Paws & Effect, Inc.

2035 County Route 1  
Oswego, NY 13126  
Phone: 315-343-0001  
Fax: 315-342-0001

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## Registration Form

*To register for obedience class, please complete this form and mail, fax or bring to Paws & Effect, Inc.*

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Referred By: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Ext: \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Dog's Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: Male  Female

Spay/Neuter? Yes  No  *All dogs over the age of 8 months must be spayed / neutered.*

Vet's Name: \_\_\_\_\_ Vet's Phone: ( ) \_\_\_\_\_

***Please attach your dog's updated vaccination records.***

This is a Dog Obedience Class  
The class will meet once per week for seven weeks for approximately 1 hour.

Class Fee: \$100.00 plus tax \_\_\_\_\_ Start Date: \_\_\_\_\_

Location: Paws & Effect, Inc. \_\_\_\_\_

### Release of Liability

I, (Owner's Name) \_\_\_\_\_, as the legal owner of  
(Dog's Name) \_\_\_\_\_, do hereby waive and release  
*Paws & Effect, Inc.* and *all trainers employed by Paws & Effect, Inc.* from any and all liabilities. I agree  
to take complete responsibility for the actions of my dog and myself before, during and after class. At no  
time will the instructor of this class be liable or responsible for my actions, those of my dog or any other  
person who accompanies me to class.

Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_