

Enrolment Information and Service Agreement

Date _____ ☐ City Beach ☐ Forestdale ☐ Leederville ☐ Cottesloe ☐ Claremont

Owner Name _____ Email _____

Address _____

Suburb _____ Post Code _____

Home Phone _____ Mobile _____

Dogs name _____ DOB/Age _____

Breed _____ Vet _____

TERMS OF SERVICE

Payment for services is due on the first week of class. Payments can be made by either cash, cheque, or bank transfer. No refund will be given for classes that you skip or fail to attend. Payments are non-transferrable.

Guardians must not knowingly bring a puppy to class that they suspect is sick or injured, or may have been exposed to any infectious diseases (including kennel cough). Prior to starting the course, puppies must be on a vaccination program for Distemper, Hepatitis, and Parvovirus. Puppies older than 12 weeks must also be vaccinated against kennel cough. Prior to starting the course, puppies must be treated for and free from worms, fleas, ticks, and any other insect or parasite.

Puppies that are not fully vaccinated must be carried to and from your car and the training venue.

Parents/Guardians accept full responsibility for any minors that attend class either as a handler or observer.

While all care is taken to provide a safe and healthy learning environment for your puppy, no responsibility or liability is taken for any injury, illness or harm caused to either yourself, your family or your puppy during the class.

The Puppy Associates may send you email announcements and/or general correspondence. We will not pass on your information to any third party. Your information will be kept private in accordance with the Privacy Act 1988.

☐ Please tick this box if you DO NOT wish to have your image and/or your puppy's image in any form (including but not limited to photographs, video and/or audio taken during class) used for educational and/or marketing purposes by The Puppy Associates.

I agree to indemnify and hold The Puppy Associates trainer/s and their representatives harmless from any and all liability of any nature, for loss or injury that may occur to me, a family member, or any other person accompanying me to any training, or my dog/s, including but not limited to injury or damages resulting from the action of any dog attending training sessions, including my own. I personally assume all liability for any such claim while attending any training session or other function of The Puppy Associates.

I have read and understand the above

Signed _____ Print name _____ Date _____