



Step in Time Training, LLC Dog Training Registration

Peg Munves, CPDT-KA – P.O. Box 129 – New Lebanon, NY 12125-0129 – 917-225-1725 – peg@pegmunves.com
www.pegmunves.com

Name of Class	Class Date	Class Time
---------------	------------	------------

Name _____	
Address _____	
City/State/Zip _____	Home Phone _____
E-Mail _____	Work Phone _____

Dog's Name _____	Dog's Name _____
Age _____ Breed _____	Age _____ Breed _____
Sex _____ Neutered/Spayed _____	Sex _____ Neutered/Spayed _____
How long have you lived with this dog? _____	How long have you lived with this dog? _____
Where did you get the dog? _____	Where did you get the dog? _____
Name of Veterinarian _____	Name of Veterinarian _____

Release form: I/we agree to hold Step In Time Training LLC, its members, directors, officers, agents, and the owner of the premises and any employees of the aforementioned parties, any sponsors of this event, harmless from any claim or loss or injury which may be alleged to have been caused directly or indirectly to any person or thing by the act of this dog or handler while in or upon the premises or grounds or near any entrance thereto, and I/we further agree to hold the aforementioned parties harmless from any claim or loss of this dog by disappearance, theft, death or otherwise, and from any claim for damage or injury to the dog, whether any claim be caused or alleged to be caused by the negligence of the hosts or any of the parties aforementioned, or by the negligence of any other person, or any other cause or causes. I/we hereby assume sole responsibility for and agree to indemnify and save the aforementioned parties harmless from any and all loss and expense (including legal fees) by reason of the liability imposed by law upon any of the aforementioned parties for damage because of bodily injuries, including death at any time resulting therefrom, sustained by any person or persons, including myself/ourselves or on account of damage to property, arising out of or in consequence of my/our participation in the class, howsoever such injuries, death or damage to property may be caused and whether or not the same may have been caused by negligence of the aforementioned parties or any of their employees or agents, or any other persons. I/we testify that the dog(s) attending is (are) healthy and up to date on vaccinations. I/we certify that the dog(s) attending is (are) not dangerous to any person or other dog. By signing below, I/we agree to the disclaimer above.

Signature Owner or Parent / Guardian if Minor

Date

Please email Peg at peg@pegmunves.com to reserve your class or drop-in spot. Please print and complete this form and bring it with you to the first class or drop-in. NOTE: NOSE WORK CLASS RESTRICTIONS: Dogs must be capable of being crated during the class or staying in your vehicle. Please contact Peg if you have any questions.

What do you want to accomplish with this training?

<p>What do you want to accomplish with this training?</p>
