**Please acknowledge the following statements by initializing the space provided**

**and signing at the bottom of the page.**

\_\_\_\_ I understand and release Greenwood Veterinary Clinic and its employees from any and all liabilities, financial or otherwise, for injuries to me or my pet or any other property of mine which arise in any way from our services and/or products provided by or as a consequence of my association with Greenwood Veterinary Clinic.

\_\_\_\_ I understand that I am solely responsible for any harm caused by my dog(s) while my dog(s) is/are attending Greenwood Veterinary Clinic dog training classes and will pay for any veterinary bill(s).

\_\_\_\_ I recognize that there are inherent risks of illness or injury when dealing with animals. Such risks include, but are not limited to, problems resulting from rough play.

\_\_\_\_ I agree to pay the rates for training provided and for additional services requested, if any, in effect on the date of my dog(s) is/are checked into Greenwood Veterinary Clinic. If I am unsatisfied with services provided, the option of transferring to a private training class (additional costs may apply) or a prorated refund after attending 2 weeks of group class is agreed upon.

\_\_\_\_ All pets must have current vaccinations from a licensed veterinarian on file at Greenwood Veterinary Clinic. These vaccines include Rabies, Distemper/Parvo and Bordetella.

\_\_\_\_ To the best of my knowledge, my dog has not been exposed to any contagious diseases/parasites within a thirty-day period prior to check-in. If during the training program my dog becomes sick or is not feeling well, I will not attend the training class and a make-up day will be decided on.

\_\_\_\_ I agree to keep my dog at a distance of 4-5 feet from other dogs until given permission from instructor to do otherwise.

\_\_\_\_ I agree to abide by the rules and regulations and accept all terms, conditions, and statements of this agreement.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_