

Oh Behave Dog Training

www.ohbehavedogtraining.com (954) 587-2711 dawnhanna@ohbehavedogtraining.com

Che	ck One:
	Basic Obedience
	Intermediate Obedience
	K9 Fun Nosework

REGISTRATION AND RELEASE FORM

Owner's Name			
Address			
City, State, Zip			
Home Phone		Cell Phone	
Dog's Name		Breed	
Dog's Age		Dog's Sex	
Email Address			
Spay/Neutered		Referred By	
participate in the train behalf of myself, my I am fully aware and done in the presence and hereby accept for other person and/or hereby release Oh Bemployees, represent mands, expenses, ar which is caused by the of Oh Behave. I, on grant full permission cordings, and any other persons and any other persons are present to the persons are present to the persons are participated by the permission cordings, and any other persons are present to the pers	ational purposes of Oh Behave ining program provided by Cos spouse, heirs, legal represent d acknowledge that training of of other persons and animal ull responsibility for any and a animal which results from the Behave, Plantation Heritage Partatives, other enrollees, and and liability, whether from persone undersigned and which in a behalf of myself, or as a parent to Cosmopolitan Dog, Inc differ record of the activity for an and understood the Release	emopolitan Dog, Inc, dba (catives, assigns, guests, in an cause stress in dogs is; I am fully aware of the all risks of bodily injury to the attendance and particular, Broward County, the the instructor/trainers fronal injury, death, proper ny way arises out of or report/guardian of the dependence o	(dog's name) sideration of being allowed to Oh Behave, hereby agree on nvitees, and my insurer that: and that the training will be e risks and dangers involved to myself, my dog, or to any cipation in such training. I sir officers, agents, directors, rom any and all claims, derty damage, violations of law elates to a function or activity lent named herein, do hereby photographs, videotapes, restsoever.
Date	Signed	Print Name	



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VACCINE AND HEALTH INFORMATION

Health Verification

This form must be completed and signed by a veterinarian. Receipts for vaccines may not be substituted. The dog may not participate in class without this completed, signed form. If you have provided this form within the last 12 months, you are not required to provide another. No other exceptions.

Dear Veterinariar	n:			
with Oh Behave.		- •	-	their dog in a training program ealth before the training program
We would like to on vaccines, and or be aggravated	has no medio by training.	cal problems that	would create of the state of th	dog) is in good health, is current or aggravate behavior problems, ould take a few minutes to record ining.
<u>Vaccinations</u>				
DHLP			RABIES	
	Date		(required)	Date
PARVO			BORDATELLA	
	Date			Date
CORONAVIRUS			FECAL CHE	CK
	Date			+/- , Date
 Veterinarian's Sig	ınature	 	 Hosp	ital Name or Stamp
vetermanan s Signature		Date	11039	ital Italiie of Starrip



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OBEDIENCE CLASS INFORMATION FOR DOG OWNERS

Please complete forms and make check for \$130 payable to:

Oh Behave

Major credit cards are accepted. Venmo and Zelle: 954-873-1925

What to bring to class:

- Dog student
- Collar—no choke collars, or prong collars
- Six foot leash (no retractable leashes)
- A small bag of favorite soft treats cut or broken into little pieces
- \$1.50/person park entrance fee
- Water for you and your dog
- Humans are required to wear athletic shoes.

Each dog must have an adult handler that participates in class. Aggressive dogs are not allowed. The dog must be at least 4 months of age. These classes are **outside**, so I also recommend that you wear comfortable clothes and bring sunscreen.

COVID19: Masks worn covering the nose and mouth are required for humans. Social distancing is also required.

Plantation Heritage Park is located off Peters Road in Plantation at 1100 S. Fig Tree Lane, Plantation, FL 33317.