



Where your pup is royalty!

Cubby's Canine Castle, Inc.  
1265 DeKalb Pike \* Blue Bell, PA 19422  
Phone: 610.272.0300 \* Fax: 610.592.9230  
www.cubbyscaninecastle.com

## Training Registration

### Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone (Home): \_\_\_\_\_ Phone (W): \_\_\_\_\_ Cell: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Alternate e-mail: \_\_\_\_\_

### Dog Information:

#### General Information

Dog's Name: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Male / Female  
 Breed: \_\_\_\_\_  
 Birthday: \_\_\_\_\_  
 Spayed/Neutered: \_\_\_\_\_ Yes / No

#### Medical/Vaccination History

Please provide veterinary records showing up to date: Rabies, Distemper or DHLPP, Parvo (if no DHLPP), Bordatella.

Flea/Tick Preventative: \_\_\_\_\_ Type: \_\_\_\_\_  
 Heartworm Preventative: \_\_\_\_\_ Type: \_\_\_\_\_  
 Current Veterinarian: \_\_\_\_\_

I am interested in (please circle):

Basic Class      Puppy Club      Advanced Class  
 Agility I      Agility Club      Pet Therapy  
 Clicks & Tricks      Private Sessions      Stay & Train

I would like to attend the group class starting on: \_\_\_\_\_  
 Have you ever participated in any other type of training? \_\_\_\_\_  
 Yes / No

If yes, what level or type of training? \_\_\_\_\_  
 Are there any medical or behavioral issues that can affect training? If yes, please explain. \_\_\_\_\_  
 Yes / No

Have you used training aids with your dog? \_\_\_\_\_ Yes / No      Type? \_\_\_\_\_

How did your dog respond? \_\_\_\_\_

Are you currently using these training aids? \_\_\_\_\_ Yes / No

What are your goals with your dog? \_\_\_\_\_

Please tell us how you heard of us:      Referral      Internet      Newspaper      Street Sign      Event

Other (Please explain): \_\_\_\_\_

If referred, please provide referrer: \_\_\_\_\_



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General Policies:

There are a few general policies regarding dogs and training, for everyone's health and safety!

1. All dogs attending/involved in group classes and private instruction must be current on all vaccinations and copies of most recent veterinarian records must be submitted with this application. This includes vaccinations (or titer levels) for Rabies, DHLPP and Bordatella. Puppies under 4 months must have at least their first set of vaccinations to participate.
2. The trainer has the right to remove any aggressive dogs from any program, if the dog poses a threat to other dogs or handlers. Cubby's does not feel that dogs exhibiting aggression shouldn't have the opportunity to be trained and positive socialization achieved-therefore, we feel it should be worked through but in a session not posing a threat to people and/or other dogs.
3. Once your participation in training has been confirmed by Cubby's Canine Castle staff, refunds will not be issued. Payment for training is due with registration. If paying by check, please make check payable to Cubby's Canine Castle.

By signing this registration, I am agreeing to all terms set forth through Cubby's Canine Castle as laid out in this registration form. I also agree to release Cubby's Canine Castle and its sub-contractors from any liability to any dog and/or person within the programs and services offered, and agree to accept full financial and other responsibility incurred as the result of the actions of my dog. I acknowledge that I have voluntarily applied to participate in Dog Training and Obedience Instruction activities at Cubby's Canine Castle provided by Philly Unleashed. I am aware that these activities may be hazardous and that I or my dog could be injured. I am voluntarily participating in these activities with knowledge of the danger involved, and agree to assume any and all risks whether those risks are known or unknown.

I forever release Cubby's Canine Castle, Philly Unleashed, the Lessor, any affiliated organization, and their respective representatives (collectively "Releasees") from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND CUBBY'S CANINE CASTLE, PHILLY UNLEASHED, AND THE LESSOR, AND SIGN IT OF MY OWN FREE WILL.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Amount Enclosed:**

_____ <b>Basic Obedience</b>	<b>\$160</b>	_____ <b>Pet Therapy</b>	<b>\$160</b>
_____ <b>Advanced Obedience</b>	<b>\$160</b>	_____ <b>Private Sessions:</b>	
_____ <b>Agility I</b>	<b>\$160</b>	_____ <b>At Cubby's</b>	<b>\$85</b>
_____ <b>Agility Club</b>	<b>\$160</b>	_____ <b>In-Home</b>	<b>\$100</b>
_____ <b>Clicks &amp; Tricks</b>	<b>\$100</b>	_____ <b>Stay &amp; Train</b>	<b>\$45</b>

Once registration form is completed please mail form and most recent vet records to 1265 DeKalb Pike, Blue Bell, PA 19422 or fax to 610.592.9230. Once your application is received, a member of Cubby's Canine Castle staff will contact you to confirm your registration.