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# Developing the

# Human-K9 Bond

Date: Session:

ARF Dog Sports K9 Fitness & Fun K9 Intro to Flyball

*Human Team Member –*

Name: Street:

eMail: City/State/Zip:

Cell Phone: Can Team K9 text you your class updates?  Yes  No

Emergency contact: Emergency’s Phone:

*K9 Team Member –*

K9 Name: K9 Breed:

Age of K9: Gender of K9:  Male  Female Neutered/Spayed?  Yes  No

Is your K9 Healthy (free of Rabies, Parvo, Distemper, Kennel Cough, K9 Flu, etc).  Yes  No

Is your K9 current on vaccines or titers against the spread of contagious K9 illnesses?  Yes  No

*\*\* A copy of dog’s current rabies vaccine record or certification is required with this profile \*\**

Veterinarian: Phone:

How would you describe your K9 (Personality, issues, etc.) AND what is your goal?

It is clearly understood that all *Team K9* classes are taken completely at the owner’s (human team member) and dog’s (K9 team member) risk. Owners are responsible at all times for their dog’s actions and will abide by *Team K9* rules. *Team K9*, the City of Plano. their trainers, contractors, employees, and/or agents will not be held responsible for bites, injuries, or accidents. All class participants who are minors remain under the observation of their legal parent or guardian and the legal parent or guardian assumes full responsibility as the class participant.

*Team K9* reserves the right to dismiss any dog and / or handler, without class refund, that endanger the health or safety of others.

I, the undersigned, have read and fully understand the contents of this release of liability and agree to the provisions as stated.

Signature of Adult dog owner / class participant Date

*You must email this form & proof of rabies vaccine to* [*teamk9.us@gmail.com*](mailto:teamk9.us@gmail.com)

*at least 10 days before 1st class*