



**Release Form**

I, \_\_\_\_\_, grant my permission for Walk This Way Canine Behavior Therapy and Monster Mutt LLC, to work with my dog \_\_\_\_\_. If my dog is attending training or being treated for behavior problems, I understand that in the area of Obedience Training, owner compliance is necessary for the dog to understand and retain the training he/she has received. I also understand that in the area of Behavioral Problems, owner compliance and patience are key in the rehabilitation of my pet. I understand that any behavioral abnormality is controllable but not necessarily curable, especially when concerning aggression problems. I do not hold Walk This Way Canine Behavior Therapy or Monster Mutt LLC responsible for the actions of my animal during or after treatment.

I am aware that each dog participating in this class or playgroup must have all necessary vaccinations (Rabies, DHLPP, Parvo and Bordetella), and wear proper ID and rabies tags. In addition, each owner must bring veterinary records of vaccinations **to the first class** or they will not be able to participate in the first session. If my dog is a puppy, I understand that most veterinarians recommend that puppies not be exposed to other dogs until they have had at least two, if not all three sets of puppy vaccinations. If, for whatever reason, either by neglect or design, I do not vaccinate my dogs against these illnesses, despite the fact most veterinarians recommend that dogs are vaccinated regularly (boosters are usually done at approximately 15-16 months of age, and then again every 1-3 years), I take full responsibility for any consequence to my animal and/or myself and/or any other animal and/or person. *Please note that Bordetella vaccinations are not a part of routine vaccination, therefore you will need to ask your vet to treat your dog. NYC requires that dogs be vaccinated every six months if they are staying at or visiting boarding facilities – even for attending an obedience class.* By allowing my dog to be at Monster Mutt LLC for daycare, boarding, training, grooming or any other reason, without being fully vaccinated, I take full responsibility for any consequence to my animal and/or myself and/or any other animal and/or person. I hold Monster Mutt LLC and Walk This Way Canine Behavior Therapy, together with their principals, agents and employees, harmless for any illness my pet may contract as a result of exposure to other animals, people or the facility at Monster Mutt LLC.

I acknowledge that dogs are encouraged to socialize and exercise at Monster Mutt LLC and that injuries either to dogs or owners or their guests might reasonably be foreseen to result from playing that may occur at or around Monster Mutt LLC. I agree for myself, my employees, my invitees (including but not limited to anyone I authorize to pick up or drop off my dog) and my guests to assume the risks and hazards that might reasonably be expected to arise from such use and the presence of animals. I agree that Monster Mutt LLC and Walk This Way Canine Behavior Therapy, their principals and their employees, shall not be responsible for injuries to others (or their pets) who may be injured by my dog or by my acts or omissions or the acts or omissions of my guests, employees and invitees, and I shall indemnify Monster Mutt LLC and Walk This Way Canine Behavior Therapy, their principals and their employees, for any and all costs, damages, claims or expenses (including reasonable attorneys' fees) that may result therefrom. With respect to myself, my employees, my guests and my invitees, I shall hold Monster Mutt LLC and Walk This Way Canine Behavior Therapy, their principals and their employees, harmless from and I shall indemnify Monster Mutt LLC and Walk This Way Canine Behavior Therapy, their principals and their employees, for any and all costs, damages, claims or expenses (including reasonable attorneys' fees) that may result from our use, or the use by our dog, of Monster Mutt LLC's facilities, including, without limitation, incidents associated with the walking or the transporting of our dog outside Monster Mutt LLC's facilities.

I attest to the fact that to the best of my knowledge my dog is NOT in heat. If I am mistaken and an unwanted pregnancy results, I take full responsibility for any consequence to my animal. I hold Monster Mutt LLC Walk This Way Canine Behavior Therapy and the owner(s) of the impregnating dog, together with their principals, agents and employees, harmless and indemnify them for any resulting pregnancy and/or complications and/or illness resulting from such pregnancy while my animal is in Monster Mutt LLC or Walk This Way Canine Behavior Therapy's care.

I understand that class and playgroup are limited to TWO PEOPLE PER DOG and that NO CHILDREN UNDER THE AGE OF 8 ARE ALLOWED TO ATTEND CLASS OR PLAYGROUP. That means that each dog can bring either TWO ADULTS or ONE ADULT AND ONE CHILD.

I understand that any photos of my dog that are obtained during class or playgroup might be used for publicity purposes or teaching purposes by Monster Mutt LLC and Walk This Way Canine Behavior Therapy.

I ALSO UNDERSTAND THAT ALL DEPOSITS AND CLASS FEES ARE NON-REFUNDABLE.

All terms and conditions hereof shall be binding upon the successors and assigns of the parties. I certify that I am the owner of this animal and I am authorized to make decisions about this animal's health and safety.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address (incl. City/State/Zip) : \_\_\_\_\_

Phone: \_\_\_\_\_



**CREDIT CARD AUTHORIZATION**

By signing below, I authorize Monster Mutt LLC and/or Walk This Way to charge my credit card, over the phone, the appropriate, non-refundable deposit for class or payment in full for a seminar to guarantee my place in the class or seminar indicated below.

Class Deposit of \$100 (Circle One)

Basic Obedience                      Start Date: \_\_\_\_\_

Puppy Kindergarten                      Start Date: \_\_\_\_\_

Advanced Obedience                      Start Date: \_\_\_\_\_

Agility Class                      Start Date: \_\_\_\_\_

OR

Seminar Payment in Full of \$29 plus tax (Circle One)

Leash Walking                      Seminar Date: \_\_\_\_\_

Leash Aggression                      Seminar Date: \_\_\_\_\_

Separation Anxiety                      Seminar Date: \_\_\_\_\_

Recall                      Seminar Date: \_\_\_\_\_

New Dog                      Seminar Date: \_\_\_\_\_

First Aid/Don't Panic                      Seminar Date: \_\_\_\_\_

I understand that this deposit or pre-payment is non-refundable and not transferable to any other class or seminar except the one designated on this form. I waive the right to contest this charge on my credit card statement thru my credit card company.

Name As it Appears on Card: \_\_\_\_\_

Card Type (Circle One):    VISA      MASTERCARD      AMEX

Credit Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Address (incl. City/State/Zip) : \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_