



# New Student/New Dog - Class Application

## **Bella Vista Training Center**

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Please complete this two-page form, and then return it to BVTC along with your full amount check payment, payable to "Bella Vista Training Center" (required).

This is a fillable PDF form. You may fill in the form fields using your computer's PDF application, and either save the file to your computer and email it to us, or print it out and send it to us in the mail.

(Please refer to our website, [bvtrainingcenter.com](http://bvtrainingcenter.com), for class titles and descriptions)

Class Title/Level: \_\_\_\_\_ Class Start Date: \_\_\_\_\_

Name of Handler:	Age (if under 18):
Address:	Phone 1:
City, State, Zip:	Phone 2:
Email:	
Name and Address of Owner (if different):	<i>Remember to send in your required full amount check payment!</i>

Dog's Registered Name:			
Dog's Call Name:			
Breed:			
Sex (neutered/spayed?):			
Date of Birth:			
Vaccination Dates:	Rabies	DHLP	Parvo
<b>NEW STUDENT/DOG:</b> Provide a copy of your dog's inoculation records!			

**Please answer the following questions:** (If answer is "Yes" please describe!)

Does your dog exhibit any signs of aggressive behavior towards people? **Yes / No**

Does your dog exhibit any signs of aggressive behavior towards other animals? **Yes / No**

Describe your dog's previous training or competition experience, including any courses taken:

How did you learn about Bella Vista Training Center?

Please briefly state what you hope to accomplish by participation in this class:

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**AGREEMENT TO HOLD HARMLESS, WAIVER, AND ASSUMPTION OF RISK (signature required)**

I understand that attendance at a dog class/event is not without risk to myself, members of my family, or guest(s), who may attend because some of the dogs to which I will be exposed may be difficult to control, and may be the cause of injury even when handled with the greatest amount of care.

In consideration of and as inducement to the acceptance of application for a training/event entry by the Bella Vista Training Center/Bella Rose Group, I hereby agree to indemnify and hold harmless the Bella Vista Training Center/Bella Rose Group, its owners, employees, and agents from any and all liability of any nature, and from any and all claims by any member of my family or any other person accompanying me to any training session or function of the Bella Vista Training Center/Bella Rose Group for injury or damage resulting from the action of any dog, including my own, and I expressly assume the risk of such damage or injury while attending any training session or any other function of the Bella Vista Training Center/Bella Rose Group, or while on the grounds or the surrounding area thereto.

I certify that I am 18 years old or older, that I have read this entire Waiver, and that I fully understand the provisions of the Waiver and intend to be legally bound hereby.

X \_\_\_\_\_

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

Signature of Owner or Authorized Agent (if handler is a minor, a parent or legal guardian MUST sign)