



Hole in the Wall Dog Training Academy Application

1211 Bridges Street Morehead City, NC 28557

Class requesting _____

Dog Guardian's Name: _____ If minor (under age 18) will be working with the dog during class, please have guardian or parent sign permission section.

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Text: Yes No Email: _____

Address: _____

Dog's Name: _____ Breed/Age/Sex _____

Spayed/Neutered: _____ How long the dog has been part of your family: _____

Explain how the dog was acquired: _____

Emergency Contact: _____ Phone: _____

**Vet Office/Vet's Name: _____ Phone: _____

Dog's Food, Treats, Dietary Restrictions: _____

Dog's physical restrictions: _____

Past history of serious medical condition _____

Any training that the dog has had _____ CGC: Yes or No _____

Any specific issues or behavior problems that you would like addressed: _____

What do you want you and your dog to get from this class? _____

Liability Waiver and Policies:

*I have read and understand the Class Rules and Policies and agree to accept and abide by them. I hold harmless the trainer, **Pat Rapaport** and the business **Hole in the Wall** of any and all claims caused by my dog in class and out of class. I will not hold the trainer and business for any injury, expense, costs or damages to any dog handlers or dogs arising out of my own actions or the actions of my dog. **Please sign below***

Signature of Dog Guardian: _____ Date _____

Signature of parent or guardian if under 18 years of age _____ Date: _____

Trainer: _____ Date: _____

****Attach a copy of most recent medical records to this application**

Mail application, payment and medical records to: Hole in the Wall Attn; Pat Rapaport 101 Chelsea Circle, Beaufort, NC 28516