

Group Class Registration Form
Therapy Partners, Inc.™ DBA Kind Hearts™ Behavior Center 256-881-5700

Please make checks payable to: Therapy Partners, Inc./Kind Hearts

Mail to: Kind Hearts, 1015 A Cleaner Way, Huntsville, AL 35805

\$80.00 for 7 weeks (7 +/-60 min. classes)

\$50.00 - 4 weeks (4 +/- 60 min. classes) Crossover K-9's only

REGISTRATION FEES ARE NOT REFUNDABLE*

ALL CLASSES ARE HELD AT 1015 A Cleaner Way, HUNTSVILLE, AL 35805

Kind Hearts Dogs are trained using flat collars, martingales or head halters only



Name of Owner: _____

Primary Handler in class: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____ Cell Phone: _____

Name of Dog: _____ Breed: _____

Dog Date of Birth: _____ Sex: M F Altered: YES NO

Age Obtained? _____ From Where? _____

Does your dog: Lunge, bark, or growl at you or other dogs/humans? YES NO

If Yes explain: _____

What behavior would you most like to change? _____

How did you hear about Kind Hearts? _____

Register me for Class:

Intro Level	A Level	B Level	C Level	D Level
Puppy Socialization	Family Manners	Beginning Fun & Games	Intermediate Fun & Games	Advanced Fun & Games
	Crossover K-9's	Beginning Rally'O	Intermediate Rally'O	Advanced Rally'O
			Beginning Playground	Advanced Playground
				Prancing Paws
				CGC Prep

Specify the start date and time of the class: 1st Choice: _____

2nd Choice: _____

Receipt of your check and proof of current vaccinations (Canine Rabies, DAPP-C and Bordetella) are required to assure your registration. *Refunds will only be given if your dog is not accepted for class. You will receive a letter, e-mail, or phone call confirming registration.

Liability Release:

In consideration for participation in this class, I hereby agree to release and discharge Kind Hearts and Therapy Partners, Inc. from all liability for injury or damage to me, my dog, or others due to participation in this class. Dog's behavior now and in the future is solely the responsibility of the owner(s) of the dog. Should any behavior on the dog's part now or in the future result in damage to property, owners, or person of some third party, owner agrees to assume full liability to such third party for any and all such damage, and to indemnify Therapy Partners, Inc., its agents, officers, directors and employees, and Kind Hearts, its agents, officers, directors and employees, against any and all such damage to any third party

I HAVE READ THE ABOVE RELEASE & AGREE TO THE STATEMENT:

Signed: _____

Date: _____

Office Use Only
 Amt. Paid: _____
 Check Number: _____
 Date Received: _____