



1221 SE Broadway, Suite C  
Lee's Summit, MO 64081  
816-824-5667

## Dog Training Class Application

Handler Name: \_\_\_\_\_ Dog's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Breed: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Sex: \_\_\_\_\_ Spay/Neutered? \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Vet's Name: \_\_\_\_\_  
 How did you hear about K-9's in Motion? \_\_\_\_\_ Vet's Phone: \_\_\_\_\_  
 \_\_\_\_\_ Rabies tag #: \_\_\_\_\_  
 Class Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ Day of the Week: \_\_\_\_\_ Time: \_\_\_\_\_

*All classes are held at 1221 SE Broadway, Suite C, Lee's Summit, MO 64081. For more information call 816-824-5667 email [Info@k-9sinmotion.com](mailto:Info@k-9sinmotion.com), or reference the web site at [www.K-9sinmotion.com](http://www.K-9sinmotion.com)*

**Please bring a copy of vaccination records to place in our files.**

Classes are filled on a first come, first serve basis. A spot will not be held until payment is received along with this signed application. These items must be received prior to commencement of the first class. K-9's in Motion has my permission to use any of my comments, photos, or audio/video materials made for promotional purposes.

**SERVICES PROVIDED:** Classes are taught by a professional dog trainer. Classes are limited to 6 – 8 dogs so personal attention may be given to each dog/handler team. At the trainer's discretion, they may refuse entry to a pet which is not healthy, is aggressive, or does not seem suitable for the services provided.

**PAYMENT:** Payment is due prior to the start of training. No refunds will be given. Please make checks payable to: K-9's in Motion. A \$25 charge is assessed for returned checks.

**REMOVAL FROM TRAINING:** The trainer, at his/her sole discretion, may remove a pet from class if a hazard or threat of any nature to any other animal or person is present. No refund will be given under such circumstances, but may be applied to private training classes.

**DISCLAIMER:** I understand that attendance in a dog training class is not without risk to my dog, myself, members of my family or guests who may attend. I acknowledge that 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. I agree to keep my dog under control at all times. Furthermore, in case of accident, loss or injury, I hereby waive, release from any liability, K-9's in Motion and all officers, agents, members, instructors and other persons in any way associated with the training program, and K-9's in Motion landlord from any and all liability of any nature, for injury or damage in any way resulting from participation in this class, and I expressly assume the risk of such damage or injury while attending any training session, or any function, of K-9's in Motion, or while on the training grounds or the surrounding area. Furthermore, I will not hold K-9's in Motion responsible for any actions of my dog after completion of this class. I hereby agree to abide by the training rules and decisions of K-9's in Motion. I understand that neither the training nor the results of training are guaranteed. I understand that some dogs and their owners may not respond successfully to even the best of training.

I understand that I will not bring my dog to training class (but I will attend) if the dog is ill, in season, has any communicable diseases or condition, or if any such conditions or diseases exist in any dog in my household. When agility equipment is being used in class or practice, I understand no dog will be allowed on any obstacle without a K-9's in Motion representative present. Anyone not following this procedure may be dismissed from the class or practice. I understand there are no cash refunds after the first day of class. I understand I must supply a copy of my dog's vaccination certificate before dogs will be allowed in class.

**Please mail application and payment to: K-9's in Motion, 790 W. 40 Hwy, PMB 119, Blue Springs, MO 64015**

\_\_\_\_\_  
Trainer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian if trainer is under 18 years of age

\_\_\_\_\_  
Date