



**404 373 6258**

**www.JabulaDogs.com**

Group Classes • Private Lessons • Training Camp  
Flyball Racing • Freestyle dancing • Tricks

*Jabula Dogs are Happy Dogs!*



## **Pint Size Obedience Registration Form**

Welcome to Training, it will be a fun learning experience both you and your dog will enjoy.

Classes take place at

Rex & Roxy's Petites.

137 New Street. Decatur, GA 30030

**Our Stage 1 course runs for 1 hour, once a week for 6 weeks, and costs \$150.**

- **Please call or e-mail to check availability and to reserve your place in the class.**
- **Your place is confirmed when your registration forms and check have been received. Payment is required at least one week in advance, places will be filled up from the waiting list if not received.**
- **All payments are non-refundable.**

**Please mail your completed forms consisting of the following documents to the address below...**

- **Registration form**
- **Veterinary form**
- **Copy of most recent veterinary record**
- **Waiver of Liability form**
- **Check** (Please make checks payable to Kate Jackson.)

**Jabula Dog Academy  
228 weeks St.  
Decatur, GA 30030**

**Please bring the following to class:**

- Your dog ☺
- Leash & collar.
- Moist dog treats such as hot dogs, cheese, or Bil-Jac. (please no dry treats)
- Your dog's favorite ball/frisbee/squeaky toy
- Please do not feed your dog before class

**! Safety Precautions !**

- Please keep dogs **at least** 3 feet apart at all times!
- Please wear closed comfortable shoes like walking or tennis shoes.

**Please call with any questions! I look forward to seeing you in class!**

I am registering for the **Pint Size Obedience Class**, beginning...

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

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

**Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age of dog: \_\_\_\_\_ Male or Female? \_\_\_\_\_

Spayed or Neutered? \_\_\_\_\_

**Where did you hear about Jabula Dog Academy?** \_\_\_\_\_

Please list any Behavioral Problems you may be having with your dog.

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**If you would like any of the training equipment or Starter Kits available below please indicate so here. They will be available on the first day of class.**

\* Please include payment with your group class fees.

**Please check the appropriate boxes.**

**Standard Starter Kit - \$26**

**Deluxe Starter Kit - \$40**

**Tab Leash - \$15**

**Treat Tote - \$8**

**Planet Dog Orbee Ball - \$15**

**6' Leather Leash - \$20**

## Recommended Training Equipment

- **Treat Tote - \$8**
- **6' Leather Leash - \$20**
- **Tab Leash (recommended for Stage 2 classes) - \$15**
- **Planet Dog Orbee Ball on Rope - \$15** (The Orbee Ball is a fantastic Training Tool to transition training from treats)

### Standard Starter Kit \$26

- 1 – Treat Tote
- 1 – 6' Leather Leash

### Deluxe Starter Kit \$40

- 1 - Treat Tote
- 1 - 6' Leather Leash
- 1 – Planet Dog Orbee Ball on Rope



**Tab Leash**



**Treat Tote**



**6' Leather Leash**



**Planet Dog Orbee Ball on Rope**



**Jabula**



**Dog Academy**

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## **Veterinary Medical Records Form**

My dog, \_\_\_\_\_, is a client of yours and will be participating in a training/boarding program.

**My trainer requires a copy of a current vaccine record and a clean bill of health. Please fill out this form and attach a copy of the dog's most recent vaccination record.**

I, \_\_\_\_\_, recognize the aforementioned dog and owner as a client of mine and state that this dog is current on all required vaccines. Furthermore, I believe the aforementioned dog has no known health problems or injuries which could harm, injure, or prevent the aforementioned dog from participating in a training/boarding program.

Veterinarian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach the business card of your veterinary clinic below.**



\*\*If the veterinarian has any questions to the contents of the training/boarding program, call Kate Jackson at 404 373 6258.

ASSUMPTION OF RISK AND WAIVER OF LIABILITY

1. ASSUMPTION OF RISK. The undersigned is aware of the inherent risks of injury, death, and property damage to the undersigned or to his or her dog that are involved in the activity of training/boarding, including without limitation risks due to dog bite or infectious disease. The undersigned is aware of the risks of injury, death, and property damage that may result from, among other causes, the active or passive negligence of Kate Jackson, officers, directors, employees, or agents, owner of the building which houses Kate Jackson and her Training/boarding facility. Facility (the "PREMISES") located at **228 Weeks Street, Decatur Georgia 30030** and it's owners, officers, directors, employees or agents,(hereafter referred to as the RELEASED PARTIES), including without limitation the risk of negligent instruction or supervision. The undersigned is voluntarily engaged in training/boarding as an activity with knowledge of the risks of injury, death, property damage, and other risks, and assumes any and all known and unknown risks of injury, death, and property damage that may result from participation in training/boarding.
2. RELEASE OF LIABILITY. The undersigned releases RELEASED PARTIES from all liability to the undersigned and the undersigned's representatives, guardians, successors, assigns, heirs, children, and next of kin for all liability, claims, damage, or demands for personal injury, death, or property damage, to the undersigned or to the undersigned's dog or dogs, arising from or related to this agreement or to participation in training/boarding, whether the injury, death, or property damage occurs on or off the PREMISES. This release includes, without limitation, any personal injury, death, or property damage caused by the active or passive negligence of any of the RELEASED PARTIES. The undersigned bears sole responsibility for any loss.
3. KNOWING AND VOLUNTARY EXECUTION. The undersigned acknowledges that he or she has carefully read this agreement, understands its contents, and understands that this agreement includes an assumption of the risk of the RELEASED PARTIES' negligence and a release of their liability. The undersigned acknowledges that the RELEASED PARTIES are materially relying on this waiver in allowing the undersigned to use the PREMISES to engage in training/boarding.

**Print name & Signature (if under age 18 parent or guardian must sign)**

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