



37 Old Boyce Road
Canterbury, NH 03224
603-783-4040 FAX 603-783-4980
Email: brookwoodresort@aol.com
Web: www.brookwoodpetresort.com

Agility Class Registration Form

Last Name: _____ First Name: _____
Street Address: _____
Mailing Address: _____
Town: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Dog's Name & DOB: _____ Breed (s): _____
Has your dog had previous agility experience? _____
If yes, please give a brief description: _____

We require that all dogs attending our facility be flea-free and be current on their rabies, distemper and kennel cough vaccines (unless exempted upon veterinarian recommendation or titer testing). Please have your vet fax us vaccine expiration date info before day of class.

Veterinarian: _____

Please bring the following to class:

- A 6 to 8 foot leash (**no retractable leashes PLEASE**)
- Small soft treats (pieces of hot dog, cheese bits, liver bits) – biscuits are wonderful at home but do not provide as effective a reward in class!

Please mail or drop off this registration at the address above along with payment in full to reserve your space in class.

RELEASE, INDEMNIFICATION and HOLD HARMLESS AGREEMENT

I understand that attendance at a training session or other event is not without risk to myself, members of my family or guests who may attend, or to my dog.

I hereby agree to release, indemnify and hold harmless Brookwood Pet Resort and its owners, employees and agents, from any and all liability of any nature for injury or damage directly or indirectly resulting from the action of any dog or person, and I expressly assume the risk of such damage or injury, while attending any training session or other event at any location whatsoever.

Signature of owner or authorized handler

Date