

Oscar's Pet Resort Training Application

Please submit one application for each dog

Please have your veterinarian fax us a copy of your pet's current vaccinations to (717) 397-0731 or bring a copy with you. We must have veterinarian letterhead on the vaccination schedule. We require Rabies, Distemper and Bordetella.

Contact Information

Parent's Name(s):		Today's Date
Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Cell Provider:
Email:		
Best way to reach you:		
Veterinarian Office:		
Veterinarian Phone Number:		

Your Dog

Please submit one application for each dog.

Dog's Name:		Breed: (If a mix, list two predominant breeds)	
Date of Birth:		Current Age:	
Color:	Weight:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Neutered/Spayed?			
Does your pet have any medical conditions we should be aware of?			
Previous training classes or level:			

Class Information

Class you are signing up for:	
Start date/time:	Cost:

TERMS & CONDITIONS

I hereby apply for enrollment for training at Oscar's Pet Resort. As a condition of enrollment, I understand and certify:

- That Oscar's refund policy is 100% for withdrawal one week (7 days) prior to the start of private training lessons (less \$10 handling fee). No refunds/credits will be granted after the start date;
- That my dog is current on all required vaccinations;
- That I am aware of the risks from handling animals, such as personal injury or property damage to myself, to my pet(s), or to members of my family;
- That if my dog is excused from a class or a session for behavioral reasons or for illness, I understand that no refund will be granted;
- That I assume responsibility for any actions of my dog(s) and agree to hold harmless and indemnify any person(s) associated with Oscar's Pet Resort.

By submitting this form, I agree that I have read and agree to the above