



Human-K9 Team Profile

**Developing the
Human-K9 Bond**

Date:

Session:

Human Team Member -

Name:

Address:

eMail:

City, State:

Cell Phone:

Zip Code:

Team K9 will text class updates to this cell

Emergency

Emergency

Contact:

Phone:

K9 Team Member -

K9 Name:

K9 Breed:

K9 Age: **Male** **Female** **Neutered/Spayed?** **Yes** **No**

Is your K9 healthy (free of Rabies, Distemper, Parvo, Kennel Cough, K9 Flu. etc.)? **Yes** **No**

Is your K9 current on vaccines or titers against contagious K9 illnesses? **Yes** **No**

**** A copy of dog's current rabies vaccine record or certificate is required with this profile ****

Veterinarian:

Phone:

How would you describe your K9 (Personality, any issues, etc.) AND what is your goal?

It is clearly understood that all Team K9 classes are taken completely at the owner's (human team member) and dog's (K9 team member) risk. Owners are responsible at all times for their dog's actions and will abide by Team K9 rules. Team K9, the City of Plano, their trainers, contractors, employees, and/or agents will not be held responsible/liable for bites, injuries, or accidents. All class participants who are minors remain under the observation of their legal parent or guardian and that individual assumes full responsibility as the class participant. Team K9 reserves the right to dismiss and dog and/or handler, without refund, who endanger the health or safety of others.

I, the undersigned, have read and fully understand the contents of this release of liability and agree to the provisions as stated.

Date

Signature of Adult dog owner / class participant (signed at class)

You must eMail this form and proof of rabies vaccine to Teamk9.us@gmail.com at least 7 days before 1st class.