

Dog's Last Name _____ Dog's First Name _____

Owner's Names _____, _____



Alaska K9 Aquatics LLC
549 W. Int'l Airport Road Suite B9
Anchorage, AK 99518
www.alaskak9aquatics.com
ph 907-677-7946
fax 907-677-7949

Registration Form

Owner's Name(s) _____ Phone # cell _____

Address _____ Phone # home _____

City, State & Zipcode _____

E-mail Address _____

Other potential handlers _____ over 18? _____ yes

Junior handler (less than 18) _____ yes – age? _____ Any junior handler less than 16 requires waiver

Dog's Name _____ Dog's Age _____ Dog's Sex _____

Veterinary Clinic _____ Vet Clinic phone # _____

Vaccinations/titres: _____ Dogs Breed _____

Parvo _____ Distemper _____ Rabies _____ Bordetella _____
(suggested not required)

Pool Rules signed by owner _____ by additional handlers _____

Please pick one: _____ my dog is healthy

_____ my dog is injured, pre- or post-surgical, or under a Veterinarian's care for
a medical condition - please submit the Veterinarian Clearance Form

(please see other side)

May we communicate with your veterinary clinic in regards to your dog if we have any questions pertaining to the safety of your dog at our facility? _____
signature

You may use pictures of my dog on your website and facebook page _____ yes _____ no thanks

I would like to be informed of special events at the facility _____ yes _____ no thanks

Please use this space to let us know any additional information about your dog:

Alaska K9 Aquatics LLC reserves the right to alter the pool rules as needed for the safe enjoyment of all participants. We also reserve the right to change Rec Pool pricing and scheduling matrix without notice. Any pre-paid services will be honored with the scheduling that was offered at the time of purchase, and refunds will be given if desired for any pre-paid services.

I understand the owners and staff of Alaska K9 Aquatics LLC are not trained in veterinary medicine or physical therapy. They will help any participating dog swim to the best of that dog's ability. If you have any questions on the health of your dog please consult a veterinary doctor.

I knowingly and freely assume all risks associated with the activities described herein and assume full responsibility for my participation in the activities at the Alaska K9 Aquatics LLC facilities. In consideration for being allowed to use the premises, I agree to release, indemnify and hold harmless Alaska K9 Aquatics LLC and Fuller Quality Investments 2, LLC, its directors, officers, employees, and agents from liability, loss or damage suffered by me or my dog arising out of the activities to be carried out on or around the Alaska K9 Aquatics LLC facilities. I understand and agree that this consent and waiver is binding on my heirs, assigns, personal and legal representatives, and next of kin. A photocopy of this consent form shall be as valid as the original.

Any information given is treated as confidential and will not be disclosed to any other parties.

signature

dated

signature

dated