

## DOG PROFESSOR BIO

**Pet Name:**

**Owner Name:**

**Pet's Breed:**

**Pet's Birthday:**

**Sex:**

(Female? Spayed? OR Male? Neutered?)

**Pet Activites?**

(Agility, obediences, flyball, field trials, barn hunt, etc?)

**Previous injuries or surgey?**

(If yes, please indicate location of injury/surgery)

**Food Sensitivity?**

(We use Jiminy's cricket based treats. However, if your pet needs special treats, please bring with you to class)

**Special Notes?**

Please describe any issues you want us to be aware of with your pet, for example:

- Hates feet touched
- Vision/hearing issues
- Loves people - not dogs
- Toy motivated



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## Dog Professor Volunteer Consent & Liability Waiver

By signing this form, I understand that I agree to allow my dog(s) to participate in hands-on learning activities for Canine Rehabilitation Institute, LLC.

I am aware that my dog will be in small groups of veterinary rehabilitation professionals and may participate in a variety of lab activities such as anatomy palpation (bone, muscles, tendons), measurement of joint angles and muscle mass, assessment techniques (orthopedic and neurologic tests, and therapeutic exercise labs).

I understand that I will have access to a signup Excel sheet and that if I sign up for a lab, I must give 48 hours' notice if my dog can not attend.

To notify us of cancellation, please email [cassidy@caninerehabinstitute.com](mailto:cassidy@caninerehabinstitute.com)

I understand that my dog must be up to date with their Rabies vaccine. Distemper-Parvo vaccine or titer, Bordetella, Leptospirosis, and Canine influenza vaccines are also strongly recommended. Before coming to class, I will ensure that my dog is parasite-free (fleas, ticks, intestinal parasites).

Please send current vaccine records to [cassidy@caninerehabinstitute.com](mailto:cassidy@caninerehabinstitute.com)

### Things to know about class:

Class time runs from 8 am to 5 pm. We will open at 7 a.m. for those who wish to drop your pet off for the day with us. All dogs must be picked up by 5 p.m.

Dog professors should arrive at least 10 minutes before the scheduled lab start time.

Please use the Dog Professor Entrance located on the west side of the building (back of the building).

Please bring any special treats you would like us to use in labs, especially if your dog has any food sensitivities.



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THE CANINE REHABILITATION INSTITUTE  
WAIVER AND RELEASE OF LIABILITY

I, \_\_\_\_\_, wish for my pet, \_\_\_\_\_, to participate in demonstrations for the Canine Rehabilitation Institute (CRI) at the CRI headquarters in Springfield, MO.

In consideration for being permitted by CRI to participate, I hereby agree that I will not make a claim against, sue, attach the property of, or prosecute CRI, or their employees, for any death, illness, injury, or property damage; whatever the cause or location of the occurrence giving rise to the claim, which may occur because of participation in demonstrations.

In addition, I hereby release and discharge CRI and their Employees from all actions, claims, or demands I now have or may hereafter have for any death, illness, injury, or property damage arising out of or in connection with participation in demonstrations.

This release of Liability is intended to discharge in advance CRI and their Employees from and against all liability arising out of or connected in any way with participation in demonstrations or related activities, even though that liability may arise out of negligence on the part of CRI or their employees.

I further understand that the behavior of domestic animals is sometimes unpredictable and that some domestic animals can inflict serious personal injury or death, as well as extensive property damage. Knowing the risks of handling domestic animals, nevertheless, I hereby agree to assume those risks and to release and hold harmless all the persons or entities mentioned above who might otherwise be liable for damages.

It is understood and agreed that this Waiver and Release of Liability will be binding on my heirs, distributes, guardians, legal representatives or assigns. I HAVE READ THIS AGREEMENT CAREFULLY AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A WAIVER AND RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE CANINE REHABILITATION INSTITUTE, AND I SIGN IT OF MY OWN FREE WILL.

**Full Name:** \_\_\_\_\_ **Dog's Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## Photograph & Video Release Form

I hereby grant permission to the rights of my pet's image or video as recorded on still or video images without payment or any other consideration. I understand that my pet's image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my pet's image may be used.

Additionally, I waive any right to royalties or other compensation arising or related to the use of my pet's image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- Conference presentations
- Educational presentations or courses
- Informational presentations
- Online educational courses
- Educational videos

By signing this release I understand this permission signifies that photographic or video recordings of my pet may be electronically displayed via the internet or in the public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Canine Rehabilitation Institute, LLC

[www.CanineRehabInstitute.com](http://www.CanineRehabInstitute.com)