



City of Henderson  
Animal Center and Protection  
Registration and Liability Release

# PRO-AM TRAINER CHALLENGE

Name: \_\_\_\_\_  
Last First Middle initial

D.O.B: \_\_\_\_\_ DL#: \_\_\_\_\_

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

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

Phone(s): \_\_\_\_\_

E-Mail: \_\_\_\_\_

1) Are there other adults in your household? Yes\_\_ No\_\_

2) Are there children in your household? Yes\_\_ No\_\_

Age of children if present: \_\_\_\_\_

3) Is anyone in your household allergic to dogs? Yes\_\_ No\_\_

4) Are there other pets in your household? Yes\_\_ No\_\_

If so, how many and what kind? \_\_\_\_\_

5) Have you or any member of your household ever been charged with cruelty to animals: Yes\_\_ No\_\_

6) Do you have a secure INDOOR enclosure for a dog? Yes\_\_ No\_\_

Describe indoor containment: \_\_\_\_\_

7) Do you have a secure OUTDOOR enclosure for a dog? Yes\_\_ No\_\_

Describe outdoor containment: \_\_\_\_\_

8) Are your animals current on their Rabies/Distemper/Adenovirus/Parainfluenza/Parvovirus/Bordetella vaccines? (Provide name and number of veterinary offices used)

Yes\_\_ No\_\_

\_\_\_\_\_  
\_\_\_\_\_

9) If you do not own your own home, are there any breed/size restrictions on dogs for your current residential agreement? Yes\_\_ No\_\_

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10) Select participation division:

- Professional
  - Amateur
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I \_\_\_\_\_ understand by signing this that I am responsible for  
(Print name)

the care, control, and welfare of the dog I will be fostering for the Henderson Animal Center until the training competition concludes on September 30, 2023. At which point, I will have the first opportunity to adopt the animal if my adoption application is approved by the staff. In the event the animal gets sick, is injured, escapes, has a sudden change in behavior, inflicts a bite/scratch that breaks the skin, or dies, I shall notify the center immediately. I understand that the dog I am fostering belongs to the Henderson Animal Center until adoption, and I am required to have the dog available for viewing or return at any time if requested by the staff. If Henderson Animal Center staff is not satisfied with the dog's condition or behavior at any time, I am required to bring the dog back to them immediately. I shall abide by all rules and regulations of the Henderson Animal Center while I am in possession of the animal.

I hereby release all liability for accident, injury, or any other occurrence from the City of Henderson, while volunteering to foster and train a dog for the Henderson Animal Center Pro-Am Trainer Challenge.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Information (required):

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

Phone number: \_\_\_\_\_

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