

Bergin University of Canine Studies

Puppy Petter Application

Last name _____ First Name(s) _____

Children's names _____

Street Address _____

City, State, Zip _____

Phone Home _____ Cell _____ Email _____

How did you learn about Bergin University? _____

Please list someone we can call in case of emergency.

Name _____

Address _____

Phone: Home _____ Work _____

Puppy Petter Applicant Agreement

In anticipation that you are accepted into Bergin University's Puppy Petter Program, please read and sign the agreement below.

1. I declare that the above information is accurate.
2. I authorize Bergin University to seek emergency medical treatment in case of accident, injury, or illness.
3. I understand that if I am injured while volunteering as puppy petter with Bergin University, I am not covered by California State Worker's Compensation law.
4. I indemnify and hold Bergin University harmless from and against all claims, losses, liabilities, and damage to person or property, governmental charges or fines and attorneys' fees arising out of the acts or omissions of Bergin University of Canine Studies.

Signature

Date

Bergin University of Canine Studies
10201 Old Redwood Hwy, Penn Grove, CA 94951
707-545-DOGS 707-545-0800 Fax
www.BerginU.edu