

A Pup's Best Pal

Registration Form

Owner's Name _____

Address _____

E-mail _____

Home Phone (____) _____ - _____

Work Phone (____) _____ - _____

Dog's Name _____

Breed _____

Age of Dog _____ Sex _____

Neutered/Spayed? _____

Veterinarian Name _____

Location _____

Vaccination Dates:

Rabies _____ DHLPP _____ Bordetella _____

Class Selection

Basic Obedience - \$80.00

Class Start Date: _____

Day: _____ Time: _____

You may reserve a class seat by calling the telephone number listed below. Class sizes are limited to a maximum of ten participants and a minimum of four. Complete and return this registration form on or prior to the class start date. The fee is due in full prior to the start of the second session.

CLASS FEES ARE NOT REFUNDABLE

Applicant Signature _____

