ADVANCED DOG OBEDIENCE Registration Form

Owner name: Dog's name:				
Address:		Dog's Breed:		
		Dog's Age:		
Home phone		Dog's Sex: M	F	
Work phone		E-mail		
Veterinarian's Name and Lo	ocation:			
How long has it been since	your last formal ob	edience class?		
Less than 6 months ago	ess than 6 months ago 6 months-a year ago			
More than 1 year ago	_ I have never tak	en a formal obedie	nce class	
Command (s) that your dog		ore with daming Da		
How much time do you spe	nd per day training	your dog ?		
Course Pre-requisites:				
 Dogs must have succare capable of performance 			ce Class and/or	
Watch	Leave It	Sit		
Down Come	Sit-Stay Heel	Down-Stay Greet Stran		
I, (print name)Obedience Class will positive seven consecutive weeks. (chave read the course outling class is based my own willing be able to show proof of the Distempet, Hepatitis, Lepto	we humane methods one of these weeks the and understand to ngness to work with the following vaccinate	nderstand that the s and will meet 1 h will be a demonstrathat my success or my dog on a daily ions if asked to do	Advanced our per week for ation T.B.A.) I failure in this basis. I will also so: Rabies,	
I have read and understand	d all the conditions	and would like to	enroll in the class.	
Signature:				