



**GROUP CLASS
REGISTRATION FORM**

Phone: 770-910-0423

E-Mail:

Luvk9s@windstream.net

- | | |
|---|--|
| <input type="checkbox"/> Basic Obedience Level I \$115 | <input type="checkbox"/> Basic Obedience Level II/CGC Prep \$115 |
| <input type="checkbox"/> Tricks 101 & Obedience Review \$60 | <input type="checkbox"/> Really Reliable Recalls \$60 |
| <input type="checkbox"/> Puppy Class \$115 | <input type="checkbox"/> CGC Quick Prep Review Class/Test \$60 |
| <input type="checkbox"/> Rally Obedience \$115 | <input type="checkbox"/> Other |

Start Date: ____/____/____

Day of Week: _____

Class Location: _____

**Please complete this form & return with payment - checks only - made out to DORIS DRESSLER
(Leave in Big Canoe Alpha Box or mail to: Doris Dressler, 10425 Big Canoe, Jasper, Ga. 30143)**

Your Name: _____

Mailing Address: _____

Physical Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail address: _____

I, hereby, waive and release Luvk9s Dog Training, its employees, officers, members and agents from any and all liability of any nature, for injury or damage which I or my dog may suffer including specifically, but without limitation, any injury or damage resulting from the action of any dog, and I expressly assume the risk of such injury or damage while attending any training session, or claims by any member of my family or other person accompanying me to any of the training activities or other sponsored functions.

Signature: _____ **Date:** ____/____/____

Dog's Name: _____ Breed: _____ Age: _____

How long have you had your dog? _____ Gender: Male Female

Has your dog received formal training? Y N Specify: _____

Is your dog allergic to any foods/treats? Y N Specify: _____

Has your dog been neutered/spayed? Y N Is your dog a rescue? Y N

Has your dog ever bitten anyone? Y N Is your dog food/toy possessive? Y N

Is your dog friendly with adults/kids? Y N Friendly with other dogs? Y N

**Please have your veterinarian complete this section
(or have your vet E-Mail this information to Luvk9s@windstream.net or FAX it to 706-579-1446)**

I, hereby verify that vaccinations are current for the aforementioned dog, including kennel cough and a negative fecal check.

Veterinary Clinic Name: _____ **Veterinarian:** _____

Veterinarian Signature: _____ **Date:** ____/____/____

Cancellation Policy: No refunds after first group class session