

DOGMA

DOG TRAINING REGISTRATION FORM

Name of Owner: _____

Address: _____

Phone: _____

Name of Dog: _____ Breed: _____

About your dog:

1) Does your dog have previous training? Yes No Comments: _____

2) Is your dog happy in the company of other dogs? Yes No Comments: _____

3) Is there anything else you think we should know about your dog (ie: nervousness, aggressive tendencies, medical conditions? Please explain.

All dogs must be fully vaccinated & vaccination records must be shown at registration

Disclaimer: All participants take part at their own risk and no liability is accepted for injury, accident or illness. All dogs must have up to date vaccinations and it is the responsibility of the owner to keep their pet under control at all times during the class.

I have read and agree to the above disclaimer

Signature: _____ Print Name: _____ Date: _____