

## **Class Registration From**

## Owner(s) Info:

Owners Name	Other Handlers		
Address	City	State	Zip code
Best phone number to reach you: (Circle one) home/cell/work			
Additional Phone number	or		
How did you hear about us?			
Dog Info:			
Dog's Name	Breed	DOB/C	OA
Check all that apply: Male 🗌 or Female	e 🗆 Neutered 🗆 or S	payed 🗆	
Does your dog: (Check all that apply)			
LUNGE AND BARK AT OTHER DOGS			
	OPLE		
If any of the boxes above are checked, p	lease provide a brief summar	y of their	behavior

\*\*Some classes, such as agility, may not be appropriate for all dogs. If you dog is easily aroused by activity or other dogs, please speak with a staff member before enrolling.

Please check the class/s you are interested in: Beginner 
Intermediate 
Advanced

## Intro to Agility Agility Basics Canine Good Citizen Trick Class

Class sizes are limited. All dogs must be current on DHP, Rabies, Bordetella, and be free of parasites to attend. By completing this form, you are affirming that your dog is current on vaccinations. Do not bring a dog to class that has vomited, is coughing, or has diarrhea. Dogs that are disruptive may be asked to leave the group class and not return. I (undersigned) accept full responsibility for the behavior of my dog, my guest/s, and myself while on the premises and release Sleepy Creek Pet Lodge from any and all claim liability.

Owner's Signature: \_\_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_\_Date: \_\_\_\_\_\_Date: \_\_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_\_Date: \_\_\_\_\_\_Date: \_\_\_\_\_\_Date: \_\_\_\_\_Date: \_\_\_\_\_D

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