

Phone: 770-910-0423 E-Mail:

| COACHING PEOPLE TRAINING DOGS | STRATION FORM Luvk9s397 | 2@att.net |
|---|---|-----------------------|
| ☐ Basic Obedience Level I ☐ Combo class ☐ Puppy Class ☐ K9 Nose Work | ☐ Basic Obedience Level II/CG-☐ Agility☐ Tricks Class (Novice Trick D☐ Other – please list: | og) |
| Start Date:/ Day of Week & Time: Class Location: GROUP CLASS COST: See website for pricing | | |
| Please complete this form & return with payment - checks only - made out to DORIS DRESSLER Mail to: Doris Dressler, PO BOX 2468, Acworth, GA. 30102 | | |
| Your Name: | | |
| Mailing Address: | | |
| Physical Address: | C II N | |
| 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:// | | |
| Darla Managa | D d. | A |
| Dog's Name: How long have you had your dog? | Breed: Gender: Male □ Female □ | |
| | □ N □ Specify: | |
| • | □ N □ Specify: | |
| | □ N □ Is your dog a rescue? | Y 🗆 N 🗆 |
| | □ N □ Is your dog food/toy possessive? | |
| Is your dog friendly with adults/kids? Y | \square N \square Friendly with other dogs? | $Y \square N \square$ |
| Please have your veterinarian complete this section (or have your vet E-Mail this information to Luvk9s3972@att.net) 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:** ____/ _____