

GROUP CLASS REGISTRATION FORM

Phone: 770-910-0423 E-Mail: Luvk9s3972@att.net

 □ Basic Obedience Level I □ Combo class □ Puppy Class □ K9 Nose Work 		Basic Obedience Level II/CGC Pr Agility Tricks Class (Novice Trick Dog) Other – please list:	-
Start Date:// Class Location:/	Day of	Week & Time:P CLASS COST: See website for	
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: Home Phone:	Ce	all Phone:	
E-Mail address:			
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:/			
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Dog's Name: How long have you had your dog?		Breed: Gender: Male ☐ Female ☐	Age:
Has your dog received formal training?			
Is your dog allergic to any foods/treats?		Specify:	
Has your dog been neutered/spayed?		Is your dog a rescue?	$Y \square N \square$
Has your dog ever bitten anyone?	$Y \square N \square$	Is your dog food/toy possessive?	$Y \square N \square$
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:			