A Bark Away Dog Training Registr	ration Form		
Handler's Name(s):	Phone Number:		
Address:			
City:	State: Zip Code:		
Email:			
Dog's Name:	Breed:		
D.O.B./Age:	MF Spayed/Neutered: Yes No		
Saturday 6-week sessions available from 11 A.M. to 2 P.M. start times only.			
Fee = \$600.00			
Additional fees for any other special arrangements. Private/In Home (six weeks) \$500.00 In "Forever Home" Training (six weeks) discounted \$10.00 off fee Pack Training WEEKDAYS ONLY (six weeks/2 hours) 2 dogs limit- \$1000 Group Basics/CGC (eight weeks) \$110.00			
		Group class size is limited with foc	us on individual attention.
		Enrollment is done on a "first com	ne, first served" basis.
		Class fees are due by one week prior to class or in home session with this registration form.	
		No refund of any kind if I cancel le unable to complete the classes fo	ess than 7 days before classes or in home sessions begin, or if I am or which I have registered.
Dogs must be current on all vacci	inations.		
Vaccines must be administered by	a licensed veterinarian.		
received the concurrence of my ve	e attending training classes (are) current on vaccinations and I have eterinarian for my dog to attend classes if there are any health issues ich might interfere with my dog's ability to participate.		
Vet's Name and/or Practice and F	Phone Number:		
Owner Signature:			

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