

Animal Feeds and Needs Dog Training Enrollment Form

Pet Information				
Pet's name	Pet's breed	Pet's age		
Is your pet neutered/spayed? Yes				
No				
Please describe any behavioral issues you are having with your pet.				
(AGGRESSIVE DOGS MAY BE DISMISSED FROM CLASS)				
Pet Parent Information				
Pet parent's name			Phone number	
EMAIL				
Address	City		State	Zip
Class Information (check one)				
Puppy 8 wks through 5 months TUES		Beginners six months and up THURS SAT		Advanced beginners TUES SAT
Novice I				

Items you will need for class

Copy of this form marked paid
Leather 6 foot leash and buckle collar
Training treats

Start date	Start time
VACCINATIONS: I certify that any and all dogs that I bring to AFN Training Classes are vaccinated against rabies as required by law in the country which I reside, and protected against distemper and parvo as recommended by my veterinarian.	
SIGNATURE REQUIRED:	

Bring this form and a current copy of your pet's vaccination records to your first class

I, the participant (identified below), for myself, my heirs, executors, administrators and assigns, hereby agree to release and hold harmless Animal Feeds and Needs as well as their respective officers and employees (collectively) from any actions, suits, claims, losses and demands of any kind, which I, my heirs, executors, administrators and assigns had, now have, or hereafter may have by any reason of any matter arising from or in connection with my participation in the Animal Feeds and Needs dog obedience class including without limitation any injury, accident, death or damage to person or property.

If the participant is under 18 years old, I the undersigned, represent and affirm that I am the parent or legal guardian of the Participant, and I do hereby consent and give my permission to all provisions of this release on behalf of the Participant.

No refunds after first week.

Name of Participant (please print)

Signature of Participant (of parent or guardian)

Name of Parent or Guardian

Date