

# AllBreed North, LLC

# Training Registration Form

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Altered? \_\_\_\_\_

Veteranarian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

Have you done formal obedience before? \_\_\_\_\_ If yes, Where? \_\_\_\_\_

Where did you get your dog? \_\_\_\_\_ When? \_\_\_\_\_

What issues would you like to work on? \_\_\_\_\_

Please check the service you are registering for:

\_\_\_\_\_ Puppy Kindergarten- (ages 2-5 months) **\$80**/ 6 weeks Start Date: \_\_\_\_\_

\_\_\_\_\_ Beginner Class- (ages 5+ months) **\$95**/ 8 weeks Start Date: \_\_\_\_\_

\_\_\_\_\_ Private Session- **\$45**/ Hour (We will schedule these at a mutually convenient time)

\_\_\_\_\_ Canine Good Citizen Testing- (Prerequisite: Beginner Class-or-equivalent) **\$10** Test Date: \_\_\_\_\_

## **AllBreed North Agreement:**

I acknowledge that by signing this release, I hereby agree to absolve and hold harmless AllBreed North and/ or it's affiliates or participants against any blame, liability or financial responsibility for any expenses, damages, injuries, loss or inconvenience as a result of receiving services from AllBreed North and/or it's affiliates. I agree that my dog(s) is/are current on vaccinations, including rabies, distemper and bordatella. My dog(s) also have proper protection against ticks, fleas and heartworm. I understand that payment is due before rendering services and is non-refundable.

I have read and understand the above agreement \_\_\_\_\_

Signature

Date