



CHOOSE a CLASS
check one

Agility
6 weeks

Obedience
6 weeks

Tricks

Therapy Dog
Preparation

Day Training @ Wag
Inn

OWNER INFORMATION

Name _____

Address _____

_____ Zip Code _____

Phone _____

Email _____

PAYMENT

Payment is due at start of first class. Checks made payable to *All About Dogs, Inc.* or cash are accepted.

AGREEMENT

I acknowledge that participation in group class is not without risk to myself or my dog, because some dogs may be difficult to control and cause injury. Although all care will be taken to ensure the health and safety of all participants, in the event of illness or accident I agree to indemnify and hold harmless All About Dogs, Inc. and its representatives, employees and officers from any claims resulting from the action of my dog or any other dog.

Agreed _____

Date _____

DOG INFORMATION

Dog's Name _____

Breed _____ Age _____

Sex _____ Spayed / Neutered YES NO

Has your dog ever bitten anyone? YES NO

If YES, please explain: _____

Is there anything your dog is afraid of? YES NO

If YES, please explain: _____

Has your dog been to class before? YES NO

If YES, where? _____

Does your dog like other dogs? YES NO

Veterinarian _____ Phone _____

PROOF OF VACCINATION

All dogs must have current Rabies, Distemper/Parvo, & Bordetella vaccinations. Please email their current Rabies Certificate and other vaccination records to janekopelman@hotmail.com.