

Puppy (ten to twenty-four weeks) Novice (6 months and older)

*please download, complete and email registration form to BRKon762@gmail.com

Applicants Name: Main Contact Number: Alternate Contact Number: Email:

> Dogs Name: Breed: Date of Birth:

How did you hear about these classes: Number of additional pets in your household: Where did you purchase your dog: Veterinarian: Vaccination Records sent in:

I understand that I am fully responsible for myself and my dog at all times in and around the training area. I further agree not to hold the trainer or associates responsible for myself and my dog's welfare. The training fee is non-refundable and is to paid in cash or e-transfer to BRKon762@gmail.com on or before the first class.

SIGNATURE

DATE