

## “Best Friend” – Companion Dog Training Registration for Training Classes

Class size is limited to 6 dogs. Sessions are 6 or 7 weeks in length. Classes last 45 min. - 1 hour.

Owner: \_\_\_\_\_ Dog's Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M\_\_\_\_ F\_\_\_\_ Spayed/Neutered Y\_\_\_\_ N\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ (To be used in emergency only)

E-Mail Address: \_\_\_\_\_ (optional)

### Registering for class level:

Puppy/Beginner Basics - \_\_\_\_\_ (\$110.00)

Beyond the Basics – must have completed Puppy/ Beginner \_\_\_\_\_ (\$95.00)

Pet Dog Excellent – advanced level training \_\_\_\_\_ (\$95.00)

Class start date and time requested: \_\_\_\_\_

See website – [www.lovethebodyouhave.com](http://www.lovethebodyouhave.com) for current class dates and times.

**Instructions:** Please mail a copy of your dog's vaccination records – Basic Puppy Pack protocol (Parvovirus, Distemper, Hepatitis), Rabies and Bordetella are required (proof of rabies vaccination for all dogs over five months) and your class fee along with this registration form.

Please make check payable to: Silvia Golz

### Mail to:

Silvia Golz

“Best Friend” – Companion Dog Training

214 E. Harrison Street, Appleton, WI. 54915

**I agree to assume full responsibility and liability for my family, our pet, and myself. I hereby acknowledge that any injury, illness, personal loss, or damage caused, inflicted or incurred by any dog owned or trained by me or my family at any “Best Friend” – Companion Dog Training class is my responsibility and shall not be the responsibility of or result in any liability to Silvia Golz/”Best Friend” – Companion Dog Training or to Countryside Veterinary Services.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Instructor Use:** Fee: \_\_\_\_\_ DHP: \_\_\_\_\_ Rabies: \_\_\_\_\_ Bordetella: \_\_\_\_\_ Called: \_\_\_\_\_

-----Keep for your records-----

Date Class Starts: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Time: \_\_\_\_\_

Registration Fee Sent: \_\_\_\_\_ Check #: \_\_\_\_\_ Instructor: Silvia Golz, CPDT Phone: 954-6268