

**“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.bestfriendcompaniondogtraining.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