



Dog Training Class

Owner(s) Name(s) _____ Home Phone _____
Street Address _____ Cell Phone _____
City _____ ST _____ Zip _____ Work Phone _____
Email _____

Dog's Name: _____
Breed: _____
Age: _____
Gender: Male ___ Female ___
Weight: _____
Spayed/Neutered? _____
Vaccinations Current? _____
Vet Clinic Name: _____
What other dogs are in the household? _____
Training History: _____
Health issues: _____

Class meets once per week for approximately 1 Hour for the 8 weeks following your class's start date.

Training class and start date: _____
Class: _____ Start date: _____

*** Class List: Puppy Class, Basic Obedience, Advanced Obedience, Agility, Canine Good Citizen.**

Training Class Agreement

I hereby agree to abide by the rules set forth by Jack and Rascals. I have read the above and provided information which is true to the best of my knowledge. I understand what is required for and to be expected from the class. I hereby waive and release from any and all liabilities Jack and Rascal's LLC and all employees or owners thereof. I accept complete responsibility for the actions of my dog and will not hold Jack and Rascals liable for any loss or injury to my dog or person.

Signed: _____ Date: _____
Printed: _____