

Canine Education Class Registration Form

Owner Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Home # _____ Cell # _____

Dog's Name: _____ Breed: _____ Age: _____

Spay / Neutered? _____ Current on Vaccinations? _____

Permission to post your pet's picture to facebook or website: _____

Email address to receive coupons and event notices: _____

Describe any behavioral issues with your pet: _____

Class registering for: _____

Enclosed is my check payable to K-9 Kampus in the amount of \$ _____

(Please note, payment must be received and processed before class admittance)

Waiver and release of K-9 Kampus – Animal behavior can be unpredictable and participation in K-9 Kampus training classes is not a guarantee of your pet's future behavior. By signing this form you hereby release and hold K-9 Kampus harmless for any and all claims, including bodily injury or damage to yourself, other persons, animals, or property, whether such injury or damage occurs during or after K-9 Kampus training class.

Owner Signature: _____ Date: _____

Please return this form along with check to K-9 Kampus 1855 Folk Road Fogelsville, PA 18051