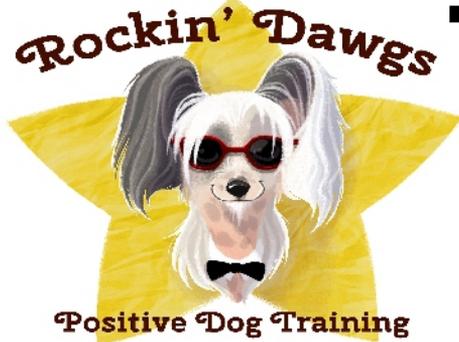


Rockin' Dawgs



Positive Dog Training

Training Enrollment Form

Training Instructor:

Kim Mayes CDT, CTDI, DN-FSG

Website: RockinDawgs.com Phone: 321-338-7722

Pet's Name

Breed/Mix

Age of Pet

Owner's Name: _____

Street Address: _____

City, State, Zip Code: _____

Daytime Phone: _____

Evening Phone: _____

E-mail: _____

Please answer the following questions about your pet:

Is your pet in good health? Y N

Is your pet current on vaccinations? Y N

Has your pet been spayed or neutered? Y N

Has your pet had previous training? Y N

If so, please list _____

Other health or behavioral issues: _____

How did you hear about Rockin' Dawgs? _____

Class Enrolled In: _____

Start Date: _____

Day: _____ Time: _____

**Please be aware that you must supply a copy of your pet's vaccination records by the 1st day of class. There are no exceptions.*

***Rockin' Dawgs does not issue any refunds once services have been rendered. You have up until the end of the 1st night of class to receive a refund if you find you cannot complete a course. After that, no refunds will be given.*

Please read the following disclosure carefully, sign and date below:

I understand that Rockin' Dawgs Positive Dog Training, LLC shall not be liable for any injury or damage to any person, animal or property which results from the training or behavior of my pet. I also understand and agree that any child under the age of 16 must be accompanied by an adult. I further agree that Rockin' Dawgs Positive Dog Training, LLC and its employees shall not be held liable for any costs or expenses incurred in connection with any claim occurring as a result of my pet's participation in the program.

Owner's Signature

Date

Office Use:
Paid By: CASH CREDIT CHECK
Check No: _____
Amt Received: _____
Date Payment Received: _____