



Phone: 321-209-4880 Website: www.RockinDawgs.com

Located at: 3540 Jupiter Blvd SE, Ste 4, Palm Bay, FL 32909

Training Instructor: Kim Mayes CPDT-KA, CTDI, SDJ, KPA-DSE

Email: RockinDawesLLC@email.com

Training Enrollment Form

Pet's Name: _____

Breed/Mix: _____

Date of Birth: _____ Age: _____

Sex: Male Female

Please Answer the following questions about your pet:

Is your pet in good health: Yes No

Is your pet current on vaccinations: Yes No

Has Your Pet Been Spayed/Neutered: Yes No

Has your pet had previous training: Yes No

If so, please list: _____

Is your pet having any health or behavioral issues: _____

How did you here about Rockin' Dawgs: _____

Owner Information:

Owner's Name: _____

Street Address: _____

City, State, Zip Code: _____

Daytime Phone: _____

Evening Phone: _____

Email: _____

Class Enrolling In: _____
Start Date: _____
Day: _____
Time: _____

***Please be aware that you must supply your pet's vaccination records by your 1st day of class. No Exceptions.**

You have 30 days from the date payment is received to request a refund if you have not attended any classes. Past that point we do not offer refunds for any reason, as you have the option to finish your class through another group, private or virtual/online options. This applies to all packages as well, once you have started the first class in any package. If you do not call and do not show up for class, no refunds will be considered. You can see our complete refund policy on our website at www.RockinDawgs.com

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 and that the trainer reserves the right to remove any dog from group classes if she feels they are too reactive for that environment.

Owner's Signature: _____ Date: _____

Office Use: Paid by:
Cash Check Credit
Check No. _____

Amount Received: _____

Date Payment Received: _____