

Let's Practice

K-9 Obedience

Let's Practice
1520 Avenue G
Plano, TX 75074

Class Registration Form

Handler: _____ Street: _____

Home Phone: _____ City: _____

Work Phone: _____ State: _____ Zip: _____

E-mail address: _____

Veterinarian: _____ Phone: _____

Name of dog: _____ Breed of dog: _____

Date of Birth: _____ Sex of dog: Male Female

Class Level: Puppy Basic Private Graduate

Do you have previous experience in dog training? Yes No

If yes, where/when? _____

How would you describe your dog? (shy, aggressive, etc.) _____

Are Rabies and DHLPP vaccinations current? Yes No Date: _____

What do you expect to accomplish in this class? _____

Referred by: Phone Book Ad Vet _____

Friend _____ Other _____

It is clearly understood that all dog obedience classes are taken completely at the owner's and the dog's risk. Owners are responsible at all times for their dog's actions. *Let's Practice, Inc.* it's trainers or agents will not be held responsible for bites, injuries or accidents. *Let's Practice, Inc.* reserves the right to dismiss any dog and/or handler that endangers the health or safety of others.

Full refunds will be given for cancellations received two weeks or more prior to the first class. Refunds for cancellations received at least seven days prior to the first class will be at 50%. Refunds cannot be made for cancellations received less than seven days prior to the first class.

I, the undersigned, have read and fully understand the contents of this release of liability and agree to the provisions as stated.

Signature of owner
(or guardian if under 18 years of age)

Date