



Name: \_\_\_\_\_ Referred By: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Dog's Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: Male or Female

Spay/Neuter? Yes or No

Vet's Name: \_\_\_\_\_ Vet's Phone: (\_\_\_\_) \_\_\_\_\_

**This is a Dog OBEDIENCE TRAINING class.  
The class will meet once a week for approximately 30 minutes**

Class Fee: \$200.00\* Running for 12 weeks Start Date: \_\_\_\_\_

Location: Fur The Love of Dogs 2400 Highview St. Spring Grove, IL Release of Liability

I, (Owner's Name) \_\_\_\_\_, as the legal  
owner of, (Dog's Name) \_\_\_\_\_ do hereby waive and release,

(Trainer's name) Jeff Casanova from any and all liabilities of any nature. I agree to take  
complete responsibility for the actions of my dog, before, after and during class. At no time  
will the instructor of this class be liable or responsible for the actions of myself, my dog or any  
other person who accompanies me to class.

Owner's name: \_\_\_\_\_ Date: \_\_\_\_\_

Vet Records on file \_\_\_\_\_

**\* CANCELLATIONS: There will be a non-refundable  
fee of \$25.**