

Country Canines

Group Training

Class (Please Check One)

Beg. Obed. _____ Int. Obed. _____ Beg. Agility _____ Int. Agility _____

Owner's Name: _____

Phone Number: _____

Address: _____

Email: _____

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

Dog's Breed: _____ Female/Male: _____

Spayed/Neutered: Y / N Rabies Expiration Date _____

I _____ understand that the classes are non-refundable. I also understand that Lon and Cheryl Robinson and Country Canines will not be held legally responsible for any matter during this course.

Signed: _____

Date: _____

Like us on Facebook to stay up-to-date with information