

COMPANION DOG TRAINING

Enrollment Form

Name _____ Day Phone _____ Eve Phone _____

Address _____ City/Zip _____

Dogs Name/Breed _____ Age _____ Sex (M/F) _____

Email _____ Class registering for _____

How did you hear about us _____

How long have you owned dog/puppy? _____

Previous Training Experience? _____

What do you want to accomplish from this class? _____

I prefer to receive my confirmation and directions: by email _____ by mail _____ by phone _____

Name of veterinarian _____ Phone _____

I certify that my dog is current on all vet recommended vaccines and is in good health. My veterinarian is aware of my participation in training classes, that my dog will be in close proximity to other dogs, and has advised me in appropriate vaccination protocol to best protect my dog and the dogs it comes in contact with. I also understand that participating in training classes is not without risk to myself or my dog. I hereby agree to hold harmless Connie DeBusschere, her agents and owners of Chafen Farms and their agents, from any and all claim of injury or damage which I or my dog may suffer while participating. Connie DeBusschere will in her best efforts make participation in classes safe and free from injury to all participants and their dogs.

Sign _____ Date _____

Amount enclosed _____ Check # _____ Please make check out to Connie De-Busschere and send payment along with registration to 27050 Greenville Rd, Sweet Home OR 97386. You will receive confirmation approximately one week before class starts.

Refund policy: Credit only will be given after the first week of class. Credit may be used for another class and is transferable. Credit must be used within 120 days.