



Dog Training School Registration Form For Non River Valley Patients

Payment and registration form must be received before a place in class will be reserved for you and your dog. Sign up early, as classes fill up fast!

Class Name: _____ Start Date: _____ Time: _____
 (ALL HANDLERS MUST BE AT LEAST 15 YEARS OF AGE TO TRAIN.)

Payment method/ credit card _____ Exp _____

Owner's Name _____

Address _____

City _____ Zip Code _____ E-mail address _____

Home Phone () _____ Work () _____ Cell () _____

Dog's name _____ Breed _____ Color _____ Sex _____ Birth date _____

How were you referred to dog class at River Valley _____

****Do you have any behavior concerns your instructor should know about?**

Your dog MUST have proof of the following vaccines prior to the first class: Distemper/Parvo, Kennel Cough, and Flu for all ages, Rabies for puppies older than 16 weeks. Please attach a copy of these vaccines.

Veterinary Clinic where vaccinations were given _____
 City _____ Phone () _____

By signing this registration form, I agree that I must take my own precautions to keep my dog safe from other dogs, people, and property, including safety in the parking lot. I realize that I am responsible for any damage caused by my dog and agree to reimburse RVVS for any loss that they may incur because of my dog. I sign this agreement knowing the unpredictability of my dog and the impossibility of knowing my dog's exact physical condition during training.

No refunds will be given once the class you have registered for has begun. If notice is given to RVVS prior to the start of class that you will not be able to attend, you may receive a refund minus a \$10.00 handling fee. Classes are not transferable.

Signature _____ Date _____

(If applicant is under 18 years of age, a parent or guardian must sign this form.)

(OFFICE USE: invoiced/paid _____ letter sent _____ on roster _____ vx checked _____)