





 16 Mountain View Meadow Road  Morrisville, VT 05661
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TRAINING CLASS REGISTRATION FORM

Course Requested:

 Good Dog! Manners and More (Saturdays 10:30-11:15 am) _____


 Puppy Kindergarten (Saturdays 9:30-10:15am) _____



Course Start Date: (Please indicate first and second choices, as classes fill rapidly.)

First Choice Start: Date _____ Time _____

Second Choice Start: Date _____ Time _____

Cost: All 6-week courses are \$150. NCAL dogs are \$125 for a 6-week course.

 Please include full payment or a \$50 deposit with application to reserve your spot. Thank You!

 Deposits are non-refundable. No refunds will be granted once your scheduled class has begun. 

Name of Owner: _____

Mailing Address: _____


Town: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-mail address: _____

Dog's Name: _____ Breed(s) _____ Dog's Age:

_____ Sex: _____ Male _____ Neutered? _____ Female _____ Spayed?

Is your dog an NCAL dog? ___No ___Yes  When did you adopt? _____

Vaccine Information: All dogs must be vaccinated for Distemper, Parvo and Rabies.

Puppies must be started on their Distemper/Parvo series to attend class.

***** Please include copy of Proof of Vaccinations or Current Titers with application and fees *****

OR Bring copy with you to the first class.

Name of Animal Hospital: _____

Date of last Annual Distemper/Parvo vaccination (or titer): _____

Date of last Rabies vaccination: _____ 1-year _____ 3-year

 **Please complete page 2 of this form and SIGN it. Thank you!** 

TRAINING CLASS REGISTRATION FORM (continued)



How did you hear about our training program?

Where did you get your dog? _____

Have you trained a dog before? _____

Where did you do your training? _____

Are there any behavior concerns that you have with your dog?

What are your goals for this class?

I understand and agree that North Country Animal League shall not be liable for any injury or damage to any person, animal or property that results from the training or behavior of my pet. I also understand and agree that any child under the age of 16 must be accompanied by an adult. I further agree that North Country Animal League, its employees and contractors shall not be held liable for any costs or expenses incurred as a result of my pet's participation in the program.

(Signature)

(Date)

 WE LOOK FORWARD TO SEEING YOU IN CLASS! 

FOR OFFICE USE ONLY

Start Date: _____ Date verified: _____

Payment amount received: \$ _____ Type: ___ Check ___ Cash ___ Credit Card

Vaccinations/Titers Checked: ___ Distemper/Parvo ___ Rabies