

Whiskers

Resort & Pet Spa

Class Registration Form

Class: _____ Start Date: _____

Owner Name: _____

Others Attending: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening: _____

Cell: _____ Email: _____

Dog's Name _____ Age _____

Breed _____ Male / Female Spay/Neutered? _____

Vet: _____ Vet #: _____

REQUIRED VET RECORDS: BORDETELLA, DISTEMPER, RABIES, FECAL EXAM. Proof required prior to first class.

How long have you owned your dog? _____

Do you use a crate? _____ How many hours a day is your dog alone? _____

How do you exercise your dog? _____

Goals for this class _____

List any behavior issues that concern you _____

Family members are welcome to attend class, children under 18 must be accompanied by a parent or guardian. Payments may be made in person at Whiskers or credit card by phone. Please make checks payable to *Whiskers Resort and Pet Spa*.

I hereby release Whiskers Resort and Pet Spa (staff and grounds) from liability with regard to any injury, damage or illness which may be incurred.

Signature _____ Date: _____