

TOP DOG OBEDIENCE SCHOOL CLASS REGISTRATION

24 Bartley Road, Flanders, NJ 07836
(973) 252-3010

Owner Information

Name _____

Street/PO Box/Apartment _____

City _____ State _____ Zip _____ Preferred Phone Number _____

Email (**Please write legibly**) _____

Dog Information

Name _____ Breed _____

Color _____ Age _____

I attest that my dog has had the following **required** vaccinations on the dates indicated below
(please include a copy of vaccination records with your registration):

Distemper _____ Parvo _____ Parainfluenza _____

Bordetella _____ Rabies (*dogs under six months of age are exempt*) _____

Class Information

Class Starting Date _____, 202____

First Choice: Class _____ Day _____ Time _____

Second Choice: Class _____ Day _____ Time _____

Amount Enclosed \$ _____

I understand that attendance at a dog training facility is not without risk to myself, members of my family or guests who may attend, or my dog. I hereby waive and release Top Dog Obedience School, its instructors or agents from all liability of any nature resulting from actions of any dog while on or in the training grounds or surrounding area.

Signature _____ Date _____

Make checks payable to **Top Dog Obedience School** and mail to
Betsy Scapicchio, 124 Netcong-Flanders Rd, Flanders, NJ 07836

Complete this registration form and mail in along with payment ASAP. *Proof of vaccination records is required prior to class.* Please send a copy (not original) in with your registration form. Please make sure your email address is legible. Pet obedience email confirmations will be sent 1-2 weeks before the start of class. Class schedule is subject to change. Class size is limited. All dogs must be preregistered, and no spot can be held without registration and payment. Classes with fewer than 6 students may be cancelled. Absolutely no refunds, returns or transfer of registration will be given under and circumstance.