



Sunshine SCHOOL FOR DOGS

Registration Form

Tell Us About Yourself

Owner/Handler Name _____

Address _____

Home Phone _____

City _____ State _____ Zip _____

Cell Phone _____

Email Address _____

Work Phone _____

Fax _____

Tell Us About Your Puppy/Dog

Name _____

Breed _____

Birth Date _____

Sex _____ Male _____ Female

_____ Neutered _____ Spayed

Please Register Me

_____ Kindergarten _____ Preadolescent _____ Private Lesson w/Class _____ Private Lesson(s) only

Location _____

Class Start Date _____

Please list availability for private lesson _____

\$ _____ Class Tuition Fees

\$ _____ Private Lessons

\$ _____ Total Amount Enclosed

Form Checklist - All forms must be completed and returned prior to the first class date.

_____ Registration – Please complete and return with your check payable to Sunshine School for Dogs LLC.
NOTE: Spaces are not guaranteed until payment is received.

_____ History Form

_____ Immunization Record – this must be signed by your veterinarian

_____ Liability Waiver