



Training Agreement

Owner's name: _____ Date: _____

Address: _____

Phone: _____ Home Cell Business (Please circle one)

E-mail: _____

Dog's name: _____ Age: _____

Breed: _____ Sex: Male Female Neutered Spayed

Type of training: _____ Puppy kindergarten _____ Basic obedience

ALL DOGS ARE REQUIRED to have current vaccinations.

Inoculation dates: _____ DAP _____ DAP+4L _____ Rabies

_____ Bordetella _____ Other

Proof of vaccination provided: _____

Name and phone number of veterinarian: _____

Total cost: _____ Payment is due upon first class.

Date paid: _____ Check # _____ Cash