

Top Dog Class Registration

Name _____

Street/PO Box/Apartment Number _____

City _____ State _____ Zip _____

Telephone: Preferred # _____ Secondary # _____

E-mail Address: _____

Dog: Name _____ Breed _____ Age _____

Class Starting Date: _____, 20____

First Choice: Class _____ Day _____ Time _____

Second Choice: Class _____ Day _____ Time _____

How did you learn of Top Dog classes? _____

Number of people attending the Orientation _____ (*Please do NOT bring your dog to Orientation!*) Amount Enclosed: \$ _____

Make checks payable to **Top Dog Obedience School** and **Mail to:** Betsy Scapicchio, 124 Flanders-Netcong Road, Flanders, NJ 07836

I attest that my dog has had the following vaccinations on the dates indicated:

Distemper: ___/___/___ Parvo: ___/___/___ Parainfluenza: ___/___/___ Rabies (dogs under six months exempt): ___/___/___

Please bring the dog's vaccination records with you to Orientation or to the first night of class or include a copy (not your original) with your registration form.

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: _____

Please provide your e-mail address for confirmation of class registration. Registrations will also be confirmed at Orientation. Please complete this form and mail it, with payment, ASAP. Class schedule is subject to change. Class size is limited. All dogs must be preregistered. No spaces will be held for any students. You will not be registered for class until your registration form and payment are received. Classes with fewer than six students may be canceled. Absolutely no refunds will be given under any circumstances.