



THUNDER BAY  
Veterinary Hospital

# Training Class Registration Form

Puppy Playschool

Early Learning

Day of the week		Time	
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**\*Please note: Proof of vaccination is required prior to enrollment.**

Name of Handler		Telephone	
Address		Postal Code	
Email			
Dog's Name		D.O.B.	
Breed		Sex	
Spayed or neutered	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Please list the things you would like to learn from this class.

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What previous training have you and your dog participated in and where?

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How did you hear about our classes?

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### WAIVER

Whereby the instructors are required to take appropriate precautions, I acknowledge the risk involved to my person or animals and I hereby absolve the instructors, assistants, owners of the premises as well as other participants of responsibility or liability for any accidents or injuries that may result from said activities.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**PLEASE NOTE: Payment is non-refundable after your first lesson.**

### FOR OFFICE USE ONLY

Proof of vaccination :  Date of Expiration: \_\_\_\_\_  
(attach photocopy)

Method of payment :  VISA     Mastercard     Debit     Cash