



132 Center Street
Seville, Ohio 44273
330-321-1820
www.PerfectPoochesDogTraining.com

ENROLLMENT FORM

Date: _____

Your Name: _____

Trainer over 16 years of age: _____

Address: _____

City: _____

Zip: _____

Phone Number: _____

E-Mail Address: _____

Vet's Name: _____

Vet's Phone Number: _____

Dogs Name: _____

Age of Dog: _____

Breed: _____

Sex: _____

Is your dog in good health? _____

Is your dog current on all required vaccines? _____

Has your dog had previous training? _____

Other health or behavioral issues: _____

How did you hear about Perfect Pooches: _____



Please help us prepare for your first class by bringing:

- A current copy of your dog's vaccination records
- Leash
- No choker collars please, unless you have prior approval

CLASS INFORMATION:

Class Your Taking: _____

Location: _____

Date: _____

Time: _____

PAYMENT METHOD:

Cash

Check Number: _____

I understand and agree that Perfect Pooches and it's affiliates shall not be liable for any injury or damage to any person, animal or property, which results from the training or behavior of my pet. I also understand and agree that any child under the age of 16 must be accompanied by an adult. I further agree that Perfect Pooches, it's affiliates and it's employees shall not be held liable for any costs or expenses incurred in connection with any claim occurring as a result of my pet's participation in the program. I also understand that my dog(s) must on a leash at all time.

Owner's Signature: _____

Date: _____