



132 Center Street  
Seville, Ohio 44273  
330-321-1820  
[www.PerfectPoochesDogTraining.com](http://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 Dog Training Ltd 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 Dog Training Ltd, 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 give Perfect Pooches Dog Training Ltd permission to use images of my dog and myself. I also understand that my dog or dogs must be on a leash at all time.

Owner's Signature: \_\_\_\_\_

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