



Canine Training Class Enrollment Form



Instructor: Janice Conklin, APDT

Enrollment Details:

- Classes are held at **Indian Walk Veterinary Center**. Meet at the exit door on the south side, by the staircase down to the **Sub-Woofer Club**.
- Puppies and adult dogs must be up to date on vaccinations, free of parasites, and healthy.
- Call 215-598-9000 for more information.

In which class are you enrolling?

Puppy Parenting

Your Name: _____ Session Day & Time: _____ Start Date: _____

Address: _____ Email: _____ Tuition: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Dog's Name	Age	Sex	Breed
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Where did you acquire your dog?	<input type="checkbox"/> Breeder	<input type="checkbox"/> Friend or Family	How old was your dog when you acquired him/her?
	<input type="checkbox"/> Pet Store	<input type="checkbox"/> Found as stray	
	<input type="checkbox"/> Shelter	<input type="checkbox"/> Other	

Do you have any special concerns about your dog's behavior? _____

What goals do you hope to achieve for your dog? _____

Are there any particular topics you would like to have addressed during classes? _____

Classes enroll on a first-come-first-served basis. Payment must be included with this enrollment application in order to reserve your place in class. Tuition is non-refundable once classes have begun.

Mail or bring this form to Indian Walk Veterinary Center, 662 Durham Road, Newtown, PA 18940 **OR** **Email** to mail@indianwalkvet.com

- Cash (In person only, not by mail)
- Check, payable to Indian Walk Veterinary Center.

Visa/MasterCard # _____ - _____ - _____ - _____ Exp Date __ / __ Signature _____

Liability Release: I agree to release *Doggy Decorum*, its agents and employees, and *Indian Walk Veterinary Center, P.C.* and its agents and employees from any and all liability for injury or damage to me, my dog, or others due to my participation in this class.

Signature _____