



## Class Registration Form

Owner/Handler Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of Dog \_\_\_\_\_  Male  Female

Date of birth \_\_\_\_\_ Breed: \_\_\_\_\_

Vaccinations current?  Yes  No If no explain \_\_\_\_\_

Name of your Veterinarian: \_\_\_\_\_

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## Class Information

PLEASE SPECIFY THE DAY OF THE WEEK CLASS IS HELD

Monday  Tuesday  Wednesday  Thursday  Friday

PLEASE SPECIFY CLASS NAME \_\_\_\_\_ BEGINNING DATE \_\_\_\_\_

START TIME OF CLASS \_\_\_\_\_  AM \_\_\_\_\_  PM

**Full payment required at registration.**  Cash  Check

Checks payable to: **Up Front Dog Center** 128 Arneytown Hornerstown Road, Allentown, NJ 08501  
~ SORRY, NO REFUNDS ~

With the signature below, I hereby release and hold harmless Up Front Farm Dog Training, owner, employees and agents from any and all claims and liability of every nature which may arise from my participation in class, and use of buildings and property, and from any other cause, and assume full responsibility for my dog's action and the consequences thereof. I have read and understand this statement.

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of participant required

First Time Students, how did you hear about us?

128 Arneytown Hornerstown Road, Allentown, New Jersey 08501

phone: 609-758-7773

email: [upfronttraining@aol.com](mailto:upfronttraining@aol.com)

[www.upfrontdogcenter.com](http://www.upfrontdogcenter.com)