



Dog Daycare & Training 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 _____
(current Bordetella vaccination required)

Name of your Veterinarian: _____

Daycare Information

PLEASE SPECIFY THE DAY OF THE WEEK YOUR CLASS IS HELD

Tuesday Wednesday Thursday

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

www.upfrontdogcenter.com