Up Front
DOG CENTER

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

Specify the day of the week you'd like daycare & train:

❑ Tuesday ❑ Wednesday ❑ Thursday

Date(s): _____

Drop off time: _____ Pick up time:_____

Full payment required at registration via PayPal.

~ 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?

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