

SCHEDULE of CLASSES / check one



Puppy Class  
6 weeks

Basic Obedience  
6 weeks

Continuing Education/CGC  
7 weeks

Agility, Fun & Games  
Wednesday 6:30 / 7:30 p.m.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICATION

Name \_\_\_\_\_

Has your dog ever bitten anyone? Yes \_\_\_\_\_ No \_\_\_\_\_

Address \_\_\_\_\_

If yes please explain: \_\_\_\_\_

Telephone \_\_\_\_\_ day \_\_\_\_\_ night \_\_\_\_\_

Dog's Name \_\_\_\_\_ Breed Type \_\_\_\_\_

Is there anything your dog is afraid of? \_\_\_\_\_

Spayed/Neutered Age \_\_\_\_\_ Sex \_\_\_\_\_

Has your dog been to class before? Yes \_\_\_\_\_ No \_\_\_\_\_

Veterinarian name \_\_\_\_\_ phone \_\_\_\_\_

If yes where? \_\_\_\_\_

Does your dog like other dogs? Yes \_\_\_\_\_ No \_\_\_\_\_

PAYMENT

PROOF OF VACCINATION

Payment must accompany all applications.

Please bring to first class.

Make checks payable to All About Dogs, Inc., or charge:

AGREEMENT

Visa \_\_\_\_\_ Exp \_\_\_\_\_

I acknowledge that participation in group class is not without risk to myself or my dog, because some dogs may be difficult to control and cause injury. Although all care will be taken to ensure the health and safety of all participants, in the event of illness or accident I agree to indemnify and hold harmless All About Dogs, Inc. and it's representatives, employees, and officers from any claims resulting from the action of my dog or any other dog.

Mastercard \_\_\_\_\_ Exp \_\_\_\_\_

Signature \_\_\_\_\_

Agreed \_\_\_\_\_

All About Dogs, Inc. Jane Kopelman, Director  
210 East 23rd Street NYC (212) 481-2656

Date \_\_\_\_\_