



Name: _____ Referred By: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ E-Mail: _____

Dog's Name: _____ Breed: _____

Dog's Age: _____ Birth date: _____ Sex: Male or Female

Spay/Neuter? Yes or No

Vet's Name: _____ Vet's Phone: (____) _____

**This is a Beginner K9 Nose Work class.
The class will meet once a week for approximately 1 hour.**

Class Fee: \$120.00* Start Date: _____

Location: Fur The Love of Dogs 2400 Highview St. Spring Grove, IL

Release of Liability

I, (Owner's Name) _____, as the legal owner of, (Dog's Name) _____ do hereby waive and release, (Trainer's name) Cheryle Homuth from any and all liabilities of any nature. I agree to take complete responsibility for the actions of my dog, before, after and during class. At no time will the instructor of this class be liable or responsible for the actions of myself, my dog or any other person who accompanies me to class.

Owner's name: _____ Date: _____

Vet Records on file _____

*** CANCELLATIONS: There will be a non-refundable fee of \$25.**