



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 If Yes Date completed: \_\_\_\_\_

Vet's Name: \_\_\_\_\_ Vet's Phone: (\_\_\_\_) \_\_\_\_\_

**This is the CGCA class.**

**The class will meet once a week for 6 weeks, approximately 45 min. in length**

Class Fee: \$149.00\* 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) Lisa Lillie 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: \_\_\_\_\_

Vaccination Records on file \_\_\_\_\_

Bordetella: \_\_\_\_\_

Rabies: \_\_\_\_\_

Distemper: \_\_\_\_\_

Must be at least 14 weeks old to attend.

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

**Call: 815-675-3877**